

**Federal Fiscal  
Year 2019- 2022**

# **Oklahoma State Plan on Aging**



**Aging  
Services**

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# Oklahoma State Plan on Aging

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# Verification of Intent

## OKLAHOMA STATE PLAN ON AGING

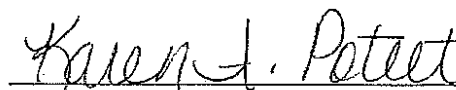
FISCAL YEARS 2019-2022


### VERIFICATION OF INTENT

The State Plan on Aging is hereby submitted for the State of Oklahoma for the period October 1, 2018 through September 30, 2022. It includes all assurances, as well as plans to be implemented by Aging Services of the Oklahoma Department of Human Services under provisions of the Older Americans Act, as amended, during the period identified. The State Agency named above has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act and is primarily responsible for the coordination of all State activities related to the purpose of the Act, such as, the development of comprehensive and coordinated systems for the delivery of nutrition, in-home and supportive services, and to serve as the effective and visible advocate for older Oklahomans.


This Plan is hereby approved by the Governor (or designee) and constitutes authorization to proceed with activities under the Plan upon approval by the Assistant Secretary for the Administration for Community Living (ACL).


The State Plan on Aging hereby submitted has been developed in accordance with all federal statutory and regulatory requirements.

  
\_\_\_\_\_  
Karen Poteet, Interim Director for Aging Services

  
\_\_\_\_\_  
Date

I hereby approve this State Plan on Aging and submit it to the Assistant Secretary for ACL for approval.

  
\_\_\_\_\_  
Ed Lake, Director,  
Oklahoma Department of Human Services and Governor's Designee

  
\_\_\_\_\_  
Date

## **Executive Summary**

The State Unit on Aging is located within the Oklahoma Department of Human Services (DHS) and is in the Division of Aging Services. The State Unit on Aging was created in 1963 and Aging Services was created in 1983, with the Governor of Oklahoma officially designating Aging Services of Oklahoma Department of Human Services as the sole agency of Oklahoma to administer the Older Americans Act (OAA) programs. DHS Aging Services has long served as Oklahoma's lead agency in services for older Oklahomans.

Oklahoma, as with the rest of the nation, is experiencing an unprecedented growth in the over 60 population. Yet, as this population expands, Oklahoma is further challenged by budget shortfalls in programs servicing older Oklahomans, as are other states. Over the previous years, due to budget shortfalls and funding cuts, Oklahoma state agencies, including DHS, have had to implement tough budget cuts, which impacted service delivery. Oklahoma is home to more than 3,930,864 residents. Of these, approximately 800,000 adults age 60 and older and more than 65,885 are aged 85 and older. By 2030, the population of older Oklahomans is projected to increase by 27.6%, which is a growth rate that is two to three times faster than the rate for the general population.

As part of Aging Services' accountability for Older Americans Act services, we have developed State plans every four years. Aging Services will continue to pursue providing a variety of programs and services to meet the changing needs of older Oklahomans. The Aging Network will continue to advocate and educate, to provide services necessary to keep older adults in the environment of their choice, to provide oversight to maintain quality services and care, and to support promising innovative programs. This State Plan serves as a contract with the Administration on Community Living (ACL) and works as a roadmap for the implementation of programs for Oklahomans 60 years of age and older.

In conjunction with administering the Older Americans Act and the Administration on Community Living (ACL) Discretionary Grants, Aging Services coordinates a comprehensive array of services that benefit older Oklahomans, their families, their caregivers, and the Aging network. These services are made available primarily through a network of 11 local Area Agencies on Aging (AAAs), which are responsible for planning, developing, and implementing a system of services for persons age 60 and over in their respective planning and service areas.

From these sources, Aging Services determined how Oklahoma services are viewed statewide, what services are effective in their present state, what services needs improvement or even implementation, and what needs to occur now to prepare for the future of aging in Oklahoma. Many sources emphasized the need for more flexibility and innovation for services; easier access to better health, nutrition; easier access to services to remain a part of their communities, such as coordinated transportation especially rural to urban medical trips; and the challenge of providing services to younger demographic of the baby boomers.

## **Executive Summary (Continued)**

### **Goals**

Over the next four years, Aging Services will focus on the following four key goals:

**GOAL 1:** Support availability, flexibility and sustainability of Older Americans programs.

**GOAL 2:** To expand, enhance, and ensure the sustainability of gap-filling respite services to Oklahoma family caregivers across the lifespan and disability spectrum.

**GOAL 3:** Aging services will support a person-centered approach to outreach services to meet individual and diverse needs.

**GOAL 4:** Ensure the rights of older Oklahomans and prevent their abuse, neglect and exploitation.

Oklahoma has a diverse population of older adults with different needs, and the aging services network must be prepared to serve effectively those needs. Aging Services will continue to provide technical support, conduct research on national best practices and assist the Area Agencies on Aging to implement quality programs.

## **Context**

Aging Services of the Department of Human Services (DHS) of Oklahoma develops a state plan on Aging as required under the Older Americans Act of 1965, as amended Older Americans Act. The plan is a contract with the Administration for Community Living (ACL) so the state of Oklahoma may receive funds for Title III and Title VII of the Act. These funds enable Aging Services to administer statewide services for persons 60 and older.

Aging Services has developed a State Plan which will emphasize independence, choice, service delivery and efficiency, as well as promoting community-based systems for older Oklahomans. This plan will present our division with great challenges and opportunities. In developing the State Plan, Aging Services collected pertinent information about aging in Oklahoma from three sources; demographics, focus groups, and the Area Agencies on Aging across the state. From these sources, Aging Services determined how our services are viewed statewide, what services are effective in their present state, what services need improvement or even implementation, and what needs to occur now to prepare for the future of aging in Oklahoma.

## **Overview of Oklahoma's Aging Network**

As part of coordination of services to serve the needs of all older Oklahomans, the Older Americans Act Programs work with the Aging Network.

### **Department of Human Services (DHS) Aging Services**

As the designated State Unit on Aging, the Department of Human Services (DHS) Aging Services (AS) is responsible for Older Americans Act funds, grant funds and other federal funding. Aging Services oversees funds provided to the Area Agencies on Aging and their sub-grantees. Aging Services develops and coordinates systems that support independence and help protect the quality of life for older adults as well as promotes citizen involvement in planning and delivering services.

### **Special Unit on Aging**

The Special Unit on Aging is responsible for implementing the Older Americans Act programs and Senior Community Employment Services Program (SCSEP). The unit works closely with Oklahoma's 11 Area Agencies on Aging to support a comprehensive set of services. While the Area Agencies on Aging provide or contract for direct services to seniors and people with disabilities across Oklahoma, Aging Services coordinates distribution of federal funds, provides training and technical assistance, and ensures statewide oversight and coordination for Older Americans Act and related programs.

The Governor designated Oklahoma Department of Human Services Aging Services in July 2014 to administrator SCSEP. Aging Services plays a lead role in initiatives and the development to address a program that provides community services and work-based training, promotes progressive skill development and subsequent entry into unsubsidized employment, and fosters individual economic self-sufficiency.

Oklahoma's detailed set of training and work-base employment opportunities will help the older population achieve economically and become socially self-sufficient. Senior Community Services Employment Program provides work-based or training in part-time community service assignments and assistance in the development of skills and experience for adults age 55 and older who have income below 125% of the federal poverty level; are unemployed; are residents of Oklahoma; and have poor employment prospects.

#### **Office of the State Long-Term Care Ombudsman (OSLTCO)**

The Ombudsman Program serves residents in Oklahoma's long-term care facilities, including nursing homes, assisted living and similar adult care homes. An ombudsman helps improve the quality of life and the quality of care available to long-term care facility residents.

#### **Contracts and Coalitions Unit (C&C)**

The Contracts and Coalitions Unit (C&C) oversees three programs. Twenty-six (26) Adult Day Service (ADS) Centers across the State provide daytime services for care receivers who may live with adult children who work or seniors who need the socialization, medication supervision, meal and socialization.

The C&C Unit also administers the Federal Transit Administration's (FTA) Section 5310 Transportation program which provides capital assistance (vehicles) to non-profit entities, tribes and certain governmental entities for the transportation of older persons and persons with disabilities. This year, in accordance with the FY2017-18 DHS Strategic Plan, the C&C Unit has assisted 150+ sub recipients to learn how to identify Limited English Proficient populations and has provided technical assistance to reach those who might need language assistance to utilize the 5310 Transportation Program's services.

Aging Services has also been awarded another Lifespan Respite Grant (LRP) from the Administration for Community Living for the next three years. Although a voucher program will exist for those who cannot qualify for other respite voucher programs (with an annual household income below \$90,000), this grant will focus on fortifying the new *Oklahoma Caregiver Coalition*, (a coalition made up of 120 partners with a membership of over 40 Oklahoma public and private agencies providing supportive caregiver services), as well as on improving services to family members and care recipients, employers' support for working caregivers, training for caregivers, and sustaining supports beyond the federal funding.

#### **Oklahoma State Council on Aging**

The Oklahoma State Council on Aging (SCoA) is an important part of the Aging Network. It was formed and is regulated by Older Americans Act and the Oklahoma Administrative Code OAC: 340:105-10-12. The SCoA is composed of thirty (30) members and was established to champion the needs and issues confronting older Oklahomans, especially those in the greatest social and economic need.



**Area Agencies on Aging**

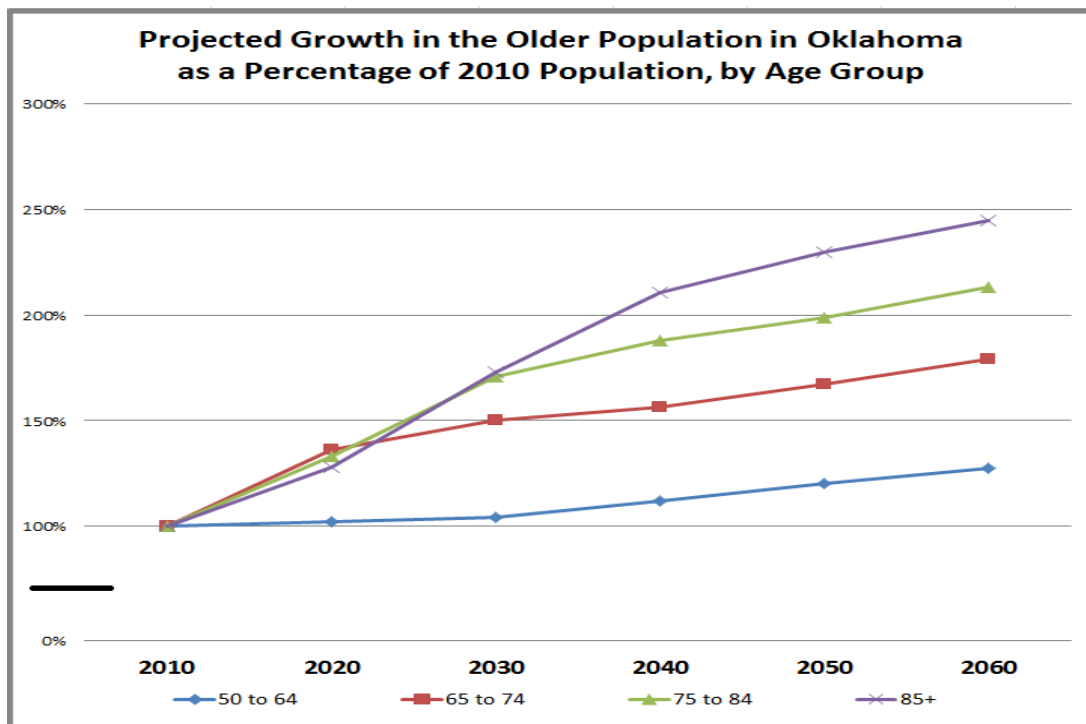
Aging Services partner with eleven (11) Area Agencies on Aging that have the principal developers, coordinators and contract with sub-grantees (service providers) to meet the needs and to advance the dignity, independence and quality of life of older adults over the age of 60 at the local level in Oklahoma. They link older Oklahomans to resources through information and assistance, assess the needs of older adults, coordinate programs and serve residents in nursing homes through the Office of the State Long-Term Care Ombudsman.

**Oklahoma Silver Haired Legislature**

The Oklahoma Silver Haired Legislature (OSHL) was established in 1981 to educate older Oklahomans about the Oklahoma state legislative process and to represent and advocate for the needs of older Oklahomans at the Oklahoma Legislature. The OSHL acts as the eyes and ears of older Oklahomans through the sponsorship of up to five bills each legislative session at the State Capitol. OSHL activities are supported and funded through the membership organization, the Oklahoma Silver Haired Legislature Alumni Association (OSHLAA). The OSHLAA currently has 88 members

## Oklahoma Aging Demographics

Older Americans Act services target those older Oklahomans who are 60 and older, their caregivers, families and institutionalized persons. Oklahoma is home to more than 3,930,864 residents with the average personal income in Oklahoma was \$49,176 in 2016. Of these residents, approximately 800,000 are adults age 60 and older, and more than 65,885 are aged 85 and older. By 2030, the population of older Oklahomans is projected to increase by 27.6%<sup>1</sup>, which is a growth rate that is two to three times faster than the rate for the general population. As the chart shows, by 2024 a steep increase in the 75 to 84 and 85+ populations are expected to occur. This projected increase poses significant challenges as the Aging Network seeks to address the growing needs of a growing older Oklahomans.



Along with the population increase, according to the 2013 report from the Family Caregiver Alliance, there are approximately 348,000 informal caregivers in Oklahoma. These caregivers provide 372 million hours of care that are valued at \$6 billion. The current respite programs in Oklahoma serve approximately 26,000 caregivers statewide. Therefore, not even 3% of informal caregivers in Oklahoma receive assistance from a respite program.<sup>2</sup>

<sup>1</sup> 2012 DEMOGRAPHIC STATE OF THE STATE REPORT: OKLAHOMA STATE AND COUNTY POPULATION PROJECTIONS THROUGH 2075, [http://okcommerce.gov/wp-content/uploads/2015/06/Population\\_Projections\\_Report-2012.pdf](http://okcommerce.gov/wp-content/uploads/2015/06/Population_Projections_Report-2012.pdf)<https://www.caregiver.org/caregiving-across-states-50-state-profiles-2014>

<sup>2</sup> Family caregiver alliance national center on Caregiving. State of the States in Family Caregiver support -2014 update <https://www.caregiver.org/caregiving-across-states-50-state-profiles-2014>

According to the U.S. 2010 Census, 100,213 (10.8%) Oklahoma children under the age of 18 live in homes where the householders are grandparents or other relatives. Of those, 79,580 (8.6%) live with grandparents who are the householders and 20,633 (2.2%) live with other relatives who are the householders.

These statistics raise issues for grandparents raising grandchildren. According to the U.S. 2010 Census, 43,215 grandparents are householders responsible for their grandchildren who live with them. Of this number, 28,522 (66%) are under age 60 and 19,879 (46%) have no parents of the children present in the home, and 8,643 (20%) live in poverty. Many of the grandparents raising grandchildren are much younger than traditionally expected. As a result, more grandparents raising grandchildren are being served with the Lifespan Respite Care Program since they are not eligible for the Title III program for grandparents or relatives 55 years of age and older. Multiple reasons exist for these high rankings including poverty, teen pregnancy, divorce, parental death, plus mental health and substance abuse issues. Incarceration of woman also is a direct cause. Incarceration of parents also is a direct cause, with Oklahoma having the highest incarceration rate and for women in the nation as well as one of the highest levels of male incarceration.<sup>3 4</sup>

Women are still living longer than men and about 1 in 5 Oklahomans, 20.2%, is Age 60 or over. Oklahoma also has a high percentage of older adults living in rural areas but Oklahoma is seeing an increase of older adults transitioning to the urban areas. The U.S. Census Bureau estimates that McIntosh, Cimarron, and Pushmataha counties have lost population since 2010<sup>5</sup>. However, older adults living in Oklahoma's rural counties are generally older, on average, than people who live in Oklahoma's urban counties. Here are a couple of indicators:

	<b><u>Median Age</u></b>	<b><u>Older Population (as a % of Total)</u></b>
<b>Urban Counties</b>	35.8	19.5%
<b>Rural Counties</b>	<u>41.4</u>	<u>24.9%</u>
<b>Oklahoma</b>	36.2	20.2%

Since most Older Oklahomans targeted by the Older Americans Act access services through Information & Assistance (I&A), outreach, case management or by visiting a congregate meal site, pressures on urban AAAs may increase as the older population migrates to urban areas. Although AAAs serving the rural counties may see fewer clients, they are likely to need more intense services.

<sup>3</sup> U.S. Dept. of Justice, Office of Justice Programs, Prisoners in 2016 <https://www.bjs.gov/content/pub/pdf/p16.pdf>

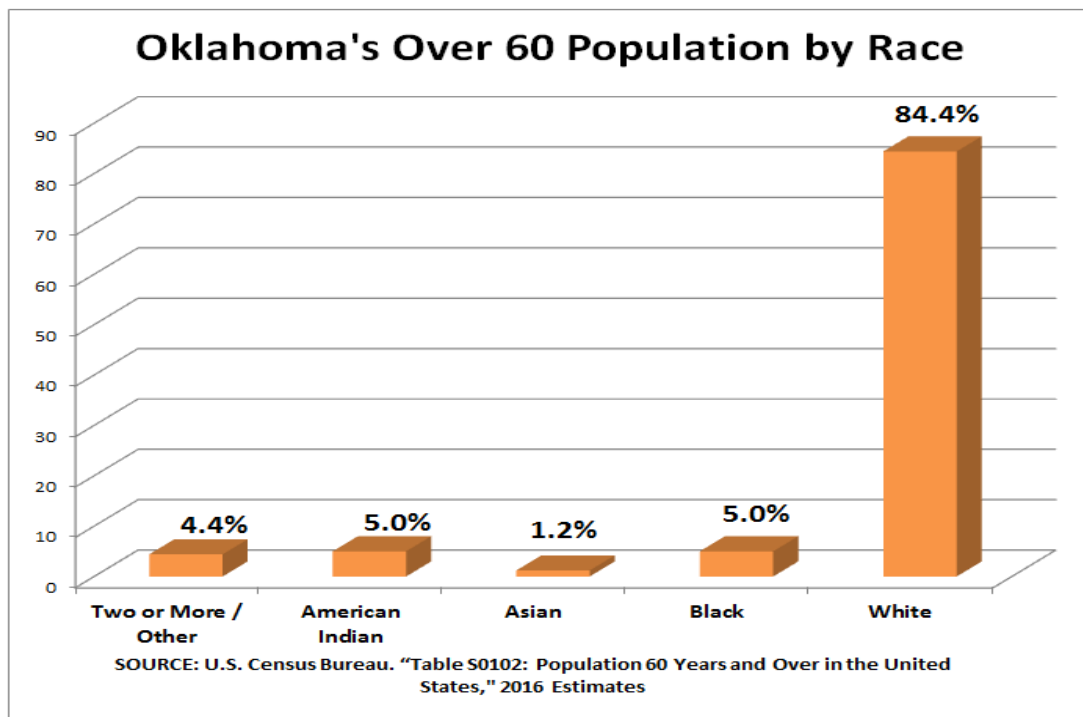
<sup>4</sup> Tulsa World. June 2018. "Recipe for disaster': Oklahoma's incarceration rate now No. 1 in U.S., study finds Oklahoma leads world in incarceration rate." [http://www.tulsaworld.com/homepagelatest/recipe-for-disaster-oklahoma-s-incarceration-rate-now-no-in/article\\_0561c981-5e48-51a0-812e-19c22b33f55d.html](http://www.tulsaworld.com/homepagelatest/recipe-for-disaster-oklahoma-s-incarceration-rate-now-no-in/article_0561c981-5e48-51a0-812e-19c22b33f55d.html)

<sup>5</sup> U.S. Census Bureau. "Table GCT0107: OLD-AGE DEPENDENCY RATIO OF THE TOTAL POPULATION - United States -- States; and Puerto Rico (2012-2016 American Community Survey 5-Year Estimates)." Accessed 05/9/2018. <http://factfinder.census.gov>.

Oklahoma is unique with its American Indian population. According to the Oklahoma Department of Health; Oklahoma is home to 38 federally recognized tribal nations. Oklahoma is the second in the nation in both percentage of population and total number of population within the American Indian tribes as stated in the 2010 United States Census identified states with the largest American Indian/Alaska Native populations, were California (723,225), Oklahoma (482,760), and Arizona (353,386).<sup>6</sup>

Lifestyle choices, social factors, and globalization continue to affect health outcomes for different groups of people. Mental health care disparities are common among minorities. A large body of research has examined the role socioeconomic status (SES) and culture play in various disparities.<sup>7</sup> As these disparities are encountered, the Aging Network must adjust its services to meet the needs identified.

Oklahoma's older Oklahomans (Age 60 & over) are predominantly white (84. %). In terms of Oklahoma's older Oklahomans minority population, the largest minority groups are "Black or African American" and "American Indian and Alaskan Native." Here is a summary of the population distribution for several race / ethnic groups:



<sup>6</sup> Office of the Tribal Liaison, Oklahoma Department of Health  
[https://www.ok.gov/health/Organization/Partnerships\\_for\\_Health\\_Improvement/Office\\_of\\_Tribal\\_Liaison/](https://www.ok.gov/health/Organization/Partnerships_for_Health_Improvement/Office_of_Tribal_Liaison/) - downloaded 5/8/2018.

<sup>7</sup> Jacqueline L. Angel and Ronald J. Angel, *Minority Group Status and Healthful Aging: Social Structure Still Matters*,  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1483874/>

## Disability in Oklahoma

Due to increased life expectancy, the population of adults over the age of 60 with disabilities is increasing. As this population ages, new needs and new challenges emerge. These challenges include adding frailty or dementia to the disability and expanding the needs for assistive services.

The Census Bureau uses a series of questions to determine if an individual should be counted as having a disability. The questions attempt to measure six aspects of disability, including: Hearing difficulty, Vision difficulty, Cognitive difficulty, Ambulatory difficulty, Self-care difficulty, and Independent living difficulty.

As measured by the U.S. Census Bureau, older Oklahomans have a slightly higher disability rate than the rest of the nation. These results are from the American Community Survey, 2016:

### Older Individuals (60 & Over) with a Disability – Estimated, 2016

	<u>United States</u>	<u>Oklahoma</u>
<b>With Any Disability</b>	12.8%	16.4%
<b>With No Disability</b>	87.5%	84.3%

In Oklahoma, 16.4% (632,400) of the population have one or more disabilities. Persons with disabilities are living longer and are becoming a significant part of the Oklahoma's population. Therefore, persons with disabilities are relying more and more on family caregivers.

## Income and Poverty

In Oklahoma, approximately 73,101 older Oklahomans have an annual income that is below the poverty level. In Oklahoma, about 1 in 10 older individuals has an income that is below the poverty level.<sup>8</sup> The following table shows the estimated percentages for Oklahoma compared to the nation as a whole:

### Older Individuals (60 & Over) and Poverty Status – Estimated, 2016

	<u>United States</u>	<u>Oklahoma</u>
<b>Below 100% of the Poverty Level</b>	9.7%	9.6%
<b>100 to 149% of the Poverty Level</b>	9.3%	10.8%
<b>Below 150% of the Poverty Level</b>	19.0%	20.4%

Source: US Census, 2011-2015 American Community Survey 5 Year Estimates

<sup>8</sup> Kaiser Family Foundation. June 2015 "Poverty Among Seniors: An Updated Analysis of National and State Level Poverty Rates Under the Official and Supplemental Poverty Measures" <http://files.kff.org/attachment/issue-brief-poverty-among-seniors-an-updated-analysis-of-national-and-state-level-poverty-rates-under-the-official-and-supplemental-poverty-measures>

## Aging and Health

Oklahomans also face a number of diet-related chronic health problems such as obesity, heart disease and diabetes. According to the 2018 American's Health Report for seniors, Oklahoma is in 46<sup>th</sup> place.<sup>9</sup> The latest report Oklahoma had identifiable strengths, challenges and highlighted areas. A few of the **identified strengths** were low prevalence of excessive drinking, high flu vaccination coverage and a high percentage of hospice care use. However the **challenges** were high prevalence of physical inactivity, high early death rate and high percentage of low-care nursing home residents. The report also noted increases in **highlighted areas** in the past five years. Those areas included obesity, Intensive Care Unit (ICU) use and in the past year, **food insecurity** increased 13% from 16.0% to 18.1%.

Food insecurity is a major concern when one considers most of Oklahoma is a food desert. Oklahoma is one of the hungriest states in the nation, where one in six Oklahomans struggles with hunger.<sup>10</sup> U.S. Department of Agriculture (USDA)<sup>11</sup> defines a food desert as an area of low-access (LA) and low-income (LI). A *low-access* tract is defined as at least 500 people or 33 percent of the population living more than one mile in urban areas or ten miles in rural areas from the nearest supermarket, supercenter, or large grocery store. *Low-income* tract is defined as an area with either a poverty rate of 20 percent or more, a median family income of less than 80 percent of the state-wide median family income, or a metropolitan area with a median family income of less than 80 percent of the surrounding metropolitan area median family income. Food deserts contribute to the economic challenges faced by Oklahomans experiencing food insecurity. Food desert conditions create additional barriers by making healthy food more difficult to access.

According to a recent study the risk of hunger and food insecurity is growing among older adults. The number of food-insecure seniors is projected to increase by 50 percent when the youngest of the baby boom generation reaches age 60 in 2025. And the risk is worse if you live solo. The study noted that there were marked differences in the risk of hunger across family structure, especially for those living alone. Those living alone are twice as likely to experience hunger compared to married seniors. The reasons for this are readily apparent. Seniors living alone with health and mobility issues have a harder time cooking, preparing meals, and shopping. At times some might try to save money by stretching their food out, eating fewer meals.<sup>12</sup>

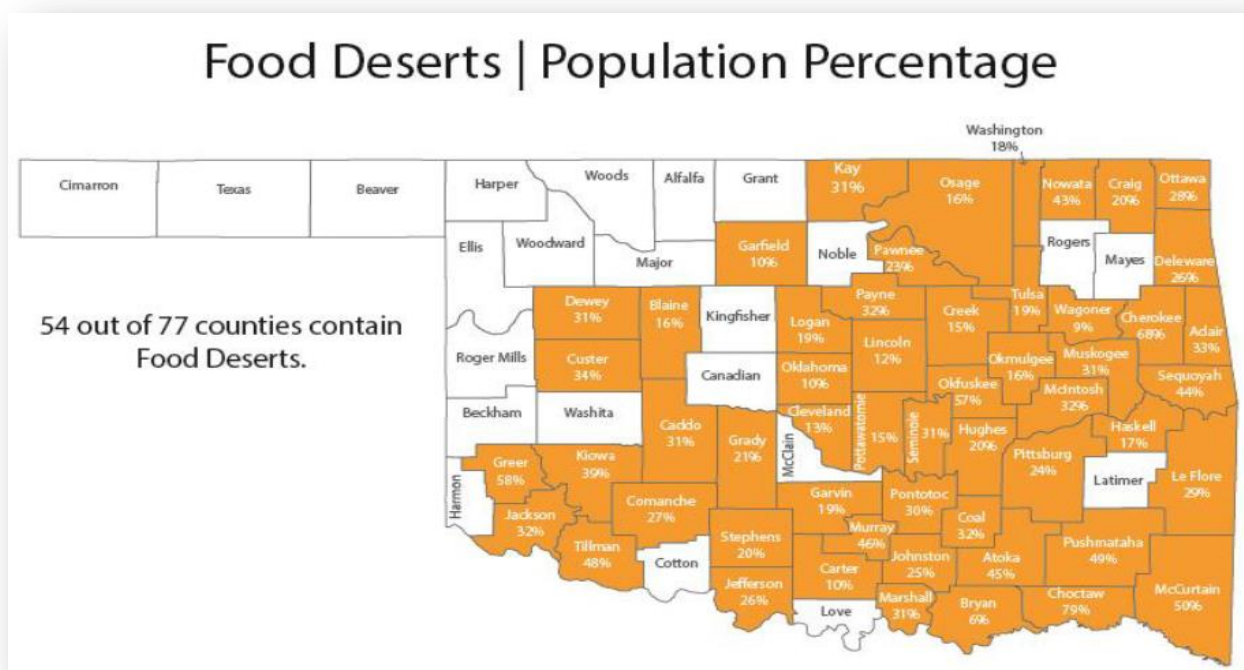
<sup>9</sup> United Health Foundation, American's Health Rankings

[https://www.america'shealthrankings.org/explore/senior/measure/overall\\_sr/state/OK](https://www.america'shealthrankings.org/explore/senior/measure/overall_sr/state/OK)

<sup>10</sup> Feeding America. (2017). *Map the Meal Gap 2017*. Retrieved from [http://www.feedingamerica.org/hunger-in-america/our-research/map-the-meal-gap/2015/MMG\\_AllCounties\\_CDs\\_MMG\\_2015\\_2/OK\\_AllCounties\\_CDs\\_MMG\\_2015.pdf](http://www.feedingamerica.org/hunger-in-america/our-research/map-the-meal-gap/2015/MMG_AllCounties_CDs_MMG_2015_2/OK_AllCounties_CDs_MMG_2015.pdf)

<sup>11</sup> Oklahoma Food Banks. (2017). "An Overview of Food Deserts in Oklahoma: June 2017," <https://www.regionalfoodbank.org/uploads/advocacy/Food%20Desert%20Report%20FINAL.pdf> - downloaded 5/8/2018.

<sup>12</sup> National Foundation to End Senior Hunger (NFESH), *The Spotlight on Food Insecurity Among Senior Americans*, 2016. Retrieved from <http://nfesh.org/wp-content/uploads/sites/2/2018/05/State-of-Senior-Hunger-in-America-in-2016.pdf>



### Focus Groups

Two different focus groups were conducted for the Oklahoma State Plan 2019-2022. The first focus group involved the Area Agencies on Aging and was held on March 7, 2018. The second focus group was comprised of aging advocates, including members from the State Council on Aging on April 26, 2018.

The focus groups were tasked with analyzing three broad Older Americans Act items and aging topics, which each attendee brought their unique perspective to the discussion. Aging Services employees spoke only when asked a specific question by a focus group attendee.

The three topics discussed were:

- Discussion of Older Americans Act Services (What would you like to see changed/added/deleted to those services? What about the services as they are provided now? What about the service model; is it effective; why or why not?)
- Discussion of service gaps (What is/are the most significant gap(s) in Oklahoma? In your area? Why is that gap important? Why do you think the gap exists? Any solutions for filling these service gaps?)
- Discussion of the future of aging in Oklahoma (What do you see happening to Oklahoma's senior over the next 5, 10, 20 years in terms of service needs, healthy aging, etc.? Positive/negative changes? What changes need to occur now?)

The full focus group meeting including participant breakdown and discussion is part of the appendices as Appendix D.

## **Planning Process**

Aging Services approached the State Plan as a chance to closely align its ongoing work with broader goals and with priorities identified by local communities during the Area Agencies on Aging Area Plan development process. Oklahoma's Area Agencies on Aging developed and completed Area Plans in 2018 for the State Fiscal years of 2019–2022. This State Plan on Aging effectively incorporates the 11 Area Plans to direct delivery of Oklahoma's aging services, especially Older American Act programs. As a result, the plans represent the identified local needs for delivery of these programs.

This State Plan was available for public input in June 2018, and on June 13, 2018, Aging Services held a public hearing for final input. Public feedback was considered and incorporated into the final Plan.

## **Area Agency on Aging Needs Assessments**

The State agency utilizes eleven sub-state planning and service areas (PSA) for federal planning and has designated eleven area agencies in accordance with the requirements of Title III of the Older Americans Act. Each Area Agencies on Aging is mandated under the Older Americans Act to develop a detailed Area Plan that provides a comprehensive and coordinated system for supportive services. The Area Agencies on Aging's will also seek to involve the public and private sectors in the provision and expansion of services. The focus of the plan is to show how the greatest numbers of older, low-income, minority individuals who reside within each PSA are to be reached with targeted resources and provided services. The plan is prepared for a four year cycle, with the first year's submission providing detailed assurances and information regarding the Area Agencies on Aging plans for the upcoming four year period. All information is required every year during the plan period. Criteria for approval of the area plan include identification of priority needs, development of measurable objectives, and targeting of services to those in greatest economic or social need.



## **Focus Areas**

The Older Americans Act Title III and Title VII and Home and Community-Based Service programs remain the backbone of Aging Services service delivery. The goal is for individuals to have the choice to remain independently in their own homes for as long as possible. The Older Americans Act programs which include meals, transportation, legal services, homemaker, and respite programs for caregivers are an inexpensive yet effective way for older persons to remain at home and still receive the services. Aging Services also provides administration for statewide Adult Day Services, the federal 5310 transportation vehicle program, and Medicare Improvement for Patients and Provider Act. The Medicaid Services Unit administers the ADvantage program, Oklahoma's Medicaid waiver program which allows people, who have been determined to be nursing home level of care eligible, an option to remain in their own homes. Since last year, the ADvantage program serves more Oklahomans than are in nursing facilities and saves Oklahoma taxpayers millions each year in Medicaid costs for long term care supports and services. However in November 2017 notices to end the program were sent out to all the members due to no funding available. The funding was restored and the program will continue.

The ADvantage program is experiencing a time of great change as we look forward to implementing a new web-based, interactive Waiver Management Information System (WMIS). The new WMIS, also known as the Harmony system, will allow both providers and program Members to interact in real time with Medicaid Services Unit – ADvantage Administration (MSU-AA) staff. Using this web-based platform to manage waiver services will not only support real-time processing and interactions, it will also reduce inefficiencies and waste in the system, such as time delays and costs related to mailing paper documents, and duplication of efforts brought about by resending (and re-reviewing by MSU-AA) those same documents multiple times to ensure receipt.

The Harmony system is set to “go live” on August 1, 2018. In addition to hosting ADvantage waiver services, Harmony will also provide the same web-based platform for State Plan Personal Care services. While some functions will necessarily remain within the ELDERS system, the majority of service planning actions will be transitioned to Harmony on August 1<sup>st</sup>. Trainings are currently underway to prepare internal staff for the transition, with provider trainings planned for upcoming months.

Going forward, we anticipate also bringing service eligibility into the Harmony system over the course of the next few years. Having all aspects of ADvantage and State Plan Personal Care eligibility and service management contained within one system will further reduce redundancies while supporting a more efficient and streamlined service delivery system.

As part of coordination of services to serve the needs of all older Oklahomans, the Special Unit on Aging works with other units housed under the Aging Services umbrella. The Contracts and Coalitions Unit (C&C) provides respite through the Lifespan Respite Grant (LRG), which is discussed later in this document. The Older Americans Act Title III NFCSP service providers

coordinate with the LRG by making referrals for those consumers who do not meet eligibility for Title III respite. The C&C Unit oversees Adult Day Service (ADS) programs statewide. There are 26 Adult Day Services Centers that provide daytime services for care receivers who may live with adult children, who worry that they cannot be left home alone while they work, or seniors who need the socialization, medication supervision, meal and socialization they can receive at one of the 26 centers across the state. DHS eligible participants must apply and be denied eligibility for the ADvantage and/or the Developmental Disabilities Medicaid waivers before they can receive the totally state funded Adult Day Services program services. Once approved, the cost is based upon a sliding scale with participants paying a "co-payment" based upon their annual household income. People can attend one day a week or 5 days a week, whatever works for them and their caregivers. DHS contracts with centers which have a current license by the Oklahoma State Department of Health. Adult Day Services is considered a "caregiver program" in terms of providing "respite" for the full time caregiver. Some Adult Day Services centers coordinated with the Lifespan Respite Grant program and accepted "respite vouchers" provided by the grant from those who did not benefit from any other program providing respite services or temporary relief from caregiving duties. The Lifespan Respite Grant program also providing "supplemental" funding for Grandparents Raising Grandchildren once that Title III caregiver/respite funds were depleted as contingent upon available funds.

The C&C Unit also administers the Federal Transit Administration's (FTA) Section 5310 Transportation program which provides capital assistance (vehicles) to non-profit entities, tribes and certain governmental entities for the transportation of older persons and persons with disabilities. These sub recipients of the federal formula grant award must agree to meet all federal regulations including development of plans if certain thresholds are met. Examples of such plans are the Limited English Proficiency Plan and the Equal Employment Opportunity Plan. Reports must also be submitted quarterly reporting miles, rides provided and people served. The C&C Unit has shared information with 150+ sub recipients on how to identify Limited English Proficient populations in their areas. The 5310 Transportation staff has provided technical assistance to these entities (non-profits, governmental entities and tribes) to enable them to reach those in their areas who might need language assistance to utilize the 5310 Transportation Program's services. Training was provided for those 150+ sub recipients who are developing their plans and providing outreach in their communities with the goal in mind of identifying the LEP populations in their areas who may need language assistance to take advantage of the program's services. We plan to coordinate with the Title III staff in Aging Services and the Area Agencies on Aging to share what we have learned about the Federal requirements for entities receiving federal funds to conduct a four factor analysis and reach the populations with Limited English Proficiency across the state. By having such diverse programs for older Oklahomans under "one roof," Aging Services provides more efficient and better-linked services for consumers.

## Older Americans Act Programs

To meet the mandate as the sole agency of Oklahoma for administration of Older Americans Act programs, DHS Aging Services works with 11 area agencies on aging for the planning, advocacy, and development of Older Americans Act services across the state. The Special Unit on Aging as part of Aging Services provides coordination regarding distribution of funding, training and technical assistance, as well as ensures statewide oversight and coordination for Older Americans Act programs. Aging Services hosts quarterly meetings with the Area Agencies on Aging Directors to discuss pertinent issues, successes, and newer initiatives. Oklahoma AAAs broadens this coordination and oversight with sub-grantees (service providers) who provide Older Americans Act services at the local level. Current services in Oklahoma under the Older Americans Act include:

- Outreach: Currently being provided by service providers at the local level statewide however we would like to change this to be provided at the AAA level statewide
- Coordination of Services: Service provider at the local level; currently provided in two planning and service area
- Information and Assistance: provided at Aging Services (state) and at the AAA level statewide
- Long-Term Care Ombudsman program: Aging Services and AAA level (see more about this program in the Elder Rights section)
- Legal Assistance Developer: AS level (see more about this program in the Elder Rights section)
- Supportive Services: Service providers at the local level; includes transportation, legal assistance, homemaker and chore services
- Senior nutrition: Service providers at the local level; includes congregate and home-delivered meals, nutrition counseling, and nutrition education
- Health Promotion: AAA and service providers; includes evidence-based programs to support healthy aging
- Family Caregiver Support Programs: AAAs and service providers; includes information services, access assistance, counseling, support groups, training, respite, and supplemental services.

In addition, Oklahoma Area Agencies on Aging use funding from other sources to provide services for older persons. The Masonic Charity Foundation of Oklahoma has awarded funding to Oklahoma Area Agencies on Aging since 2007. The program has served more than 12,000 older adults (55+) across the state during those years. Through the Masonic foundation, each Area Agencies on Aging receives annual funding based on the calendar year to assist older adults to remain in their own homes and communities. The program helps meet a variety of needs including but not limited to making minor home repairs, purchasing eyeglasses and dentures, helping pay utility costs such as filling butane tanks for rural homes, and other needs unmet by traditional funding sources. The Area Agencies on Aging also work with Aging Services administering discretionary grant projects to introduce new services in Oklahoma. Area Agencies on Aging partner with other state entities and community organizations to provide needed services for seniors. An example of this is the AAA partnership with Oklahoma

State Department of Health (OSDH) county offices to offer immunizations to older Oklahomans. Area Agencies on Aging work with these county offices to promote immunization clinics for flu, H1N1, and pneumonia vaccinations in the aging network's senior centers and meal sites.

The Aging Network does its best to coordinate with tribes and the tribal programs. The Area Agencies on Aging coordinate with tribes in a variety of manners. There are quite a few Area Agencies on Aging who have tribal representation on the AAA Advisory Councils. It is Aging Services understanding all services are discussed during Advisory Council Meetings. At times, discussions will continue afterwards to elaborate on specific information to assist in how the AAA's services can help the Native American population. There is one Area Agency on Aging that has a Title VI representative on their Board of Directors.

The communication continues with contact to many tribal staff members via email correspondence, community event invites as well as meeting updates and general program information. Most of the Area Agencies on Aging utilize community resource groups which include Title VI program representatives to build a rapport and begin the foundation to develop a referral system between the tribes' caregiver programs. Upon invitation, some Area Agencies on Aging staff will travel to the tribal complexes for Medicare Presentations. The Area Agencies on Aging participate in caregiver conferences and Health Fairs to coordinate services and present information about Title III services in the local area.

The Title III workers make frequent contact with tribal representatives across the State. They visit tribal senior meal sites and present information along with leaving brochures. The workers will also provide information when visiting Indian Clinics. Often times the Area Agencies on Aging will leave fliers or brochures about Title III services at the Tribal complexes or Tribal Community Centers.

There are active dealings with various tribes assisting tribal members with services that may or may not be available through the Title VI services. The Title VI programs in a lot of the Area Agencies on Aging Planning Service Area have similar services to Title III Services and when possible the Title III staff will refer a person, with tribal affiliation, to the Title VI program. Other situations occur when the Title VI program does not provide a service a person needs and they will refer the person to the Area Agency on Aging in their local area. The Masonic Assistance program has also been able to help tribal members with dental services. Title VI has a Caregiver Respite program and when the funds are expended Title VI staff will refer the person to the Title III Caregiver programs. For example, a Title III Caregiver Program received a respite referral from a tribal representative, who's funding was fully expended. The Title VI caregiver was paying for her father's provider out of pocket due to the tribe funds being fully expended. The Caregiver Coordinator conducted an in-home assessment with the Title VI caregiver and care receiver. Vouchers were offered to assist the caregiver/daughter to help pay his provider. By working together the caregiver did not have to quit working to stay with the care recipient. Another example was an outreach worker was able to assist in locating senior housing for a tribal member, as well as locating living room and bedroom furniture for the apartment. There has been a good network developed between Title III and several Title VI coordinators.

There is a tribe who provides public transit for the citizens in their local area, even if the person does not have tribal affiliation. In past years, the this same tribe has coordinated with the local Area Agency on Aging and the local nutrition project to purchase hams for the 14 Title III nutrition sites to serve at Thanksgiving and Christmas time so the seniors would have a special lunch for the holidays.

Aging Services ensures older adults are able to live and thrive in the community of their choice by administering programs and services funded by the Older Americans Act. Aging Services is responsible for providing funding to and overseeing 11 Area Agencies on Aging that in turn provide funding to local service providers to deliver services to adults age 60 and older. Priority for services is given to those older adults with the greatest social and economic need, with particular attention to low income and minority individuals and those who are frail, homebound or otherwise isolated.

In Federal Fiscal Year 2017, services were provided to 30,845 older Oklahomans. These services included assisted transportation, congregate meals, home-delivered meals, caregiver's services, homemaker services, transportation and legal assistance. As we discussed in the Oklahoma Demographics, Food Insecurity is a major concern for older Oklahomans. Through the Area Agencies on Aging, Aging Services supports 189 congregate meal sites in Oklahoma. These meal sites provide nutritious meals in a social setting while also serving as focal points in local communities, giving older adults access to resources and valuable information on many topics that can improve their quality of life. These sites are part of the congregate nutrition program, which seeks to reduce food insecurity and hunger, increase socialization, promote health and wellbeing and delay adverse health conditions resulting from poor nutritional health or sedentary behavior.

The benefits of home-delivered nutrition along with the congregate nutrition program, the home-delivered nutrition program exists to reduce food insecurity and hunger, promote health and well-being and delay adverse health conditions resulting from poor nutritional health. Typically, volunteers and staff deliver meals to the participants who are disabled, homebound, and have no one available to provide assistance with meal preparation. Just as with the congregate meals program, home-delivered meals are nutritionally appropriate for older adults. Registered dietitians offer individual nutrition counseling to older adults, to assist home-delivered meal recipients to manage their health conditions and maintain their independence. Title III nutrition projects also provide ADvantage meals. Program income from the ADvantage meals program helps sustain the Title III nutrition program by purchasing kitchen equipment and paying for a portion of management costs.

Another endeavor Aging Services has embarked upon is contracting with the National Foundation to End Senior Hunger (NFESH) to evaluate the waste of selected nutrition sites. With the selected nutrition sites, taking part in this endeavor, Aging Services, the Area Agencies on Aging as well as the specific nutrition projects are able to evaluate any identifiable aspects to cut down on or cut out waste within the nutrition programs. Along with the waste evaluation endeavor, Aging Services has been corresponding and collaborating with the Regional Food

Banks of Oklahoma to see if both organizations can assist in serving older Oklahomans and provide a better wrap around concept to combat food insecurities.

Aging Services expanded the statewide service administration by adding the Title V Senior Community Services Employment Program (SCSEP) starting July 1, 2014. Through this program, Aging Services will work with three sub-grantees who cover 34 counties to provide work-based or training in part-time community service assignments and assistance in the development of skills and experience for adults age 55 and older who have income below 125% of the federal poverty level; are unemployed; are residents of Oklahoma; and have poor employment prospects.

Our Title VII providers, the Legal Services Developer (LSD) and the Office of the State Long Term Care Ombudsman, continue to advocate for the rights of older Oklahomans. The LSD provides information to individuals and groups on different elder rights subjects such as advance directives and elder abuse. Because of our budget shortfalls and the need for continued advocacy at the legislative level, the LSD works during legislative session to provide information on bills affecting older Oklahomans and coordinating Aging Services message to legislators regarding our services and funding needs. The LSD serves as a liaison for grassroots advocacy groups such as the Silver-Haired Legislature and provides training on self-advocacy for the aging network. The Office of the State Long Term Care Ombudsman, through its network of 5 state office staff, 23 Area Ombudsman Supervisors at the 11 AAAs, and volunteers who contribute approximately 9,118 hours of volunteer services per year, advocates and educates residents, facilities, and the general public on resident rights in licensed long term care facilities. The Ombudsmen statewide provide visits and complaint investigations in facilities and community education presentations. The State Ombudsman serves as a statewide advocate including providing information on new bills and the impact of bill language during the legislative session.

The state has faced significant budget challenges in 2015-2018 along with uncertainties regarding federal programs and funding. The Older Americans Act non- required state funding has been reduced over the last three years in the amount of \$1,747,793. This population growth combined with fiscal constraints affects efforts to meet needs and has the potential to weaken the safety net. In short, state and federal funds are not increasing commensurate with demand, and there is a greater need for resources while fewer resources are available.

During State Fiscal Year 2014, Northern Oklahoma Development District terminated its contract with Aging Services. After a Request for Proposal was conducted, Long Term Care Authority of Enid (LTCA-E) was designated the Area Agency on Aging for PSA#7.

During State Fiscal Year 2017, a change of status with Oklahoma Economic Development Authority (OEDA) occurred when notification was provided to Aging Services, that OEDA was voluntarily terminating its contract effective July 1, 2017. OEDA is located in Beaver, Oklahoma and serving eight counties in the panhandle area of Oklahoma. OEDA is the second Area Agency on Aging to relinquish their designation since 2013.

Southwestern Oklahoma Development Authority (SWODA) Area Agency on Aging located in Burns Flat, Oklahoma agreed to act as the Interim Administrative Authority (IAO) for the panhandle area of Oklahoma. With SWODA agreeing to provide oversight as the IAO, this ensures continuation of Older Americans Act Title III and Title VII services in the eight counties of PSA #11. Aging Services will be conducting Request for Proposal activities per Older Americans Act and state policy to designate a new Area Agency on Aging for this PSA.

For the purposes of this state plan, Aging Services has focused on four areas related to Older Americans Act services and how aging programs are integrated into this framework: Older Americans Act Core Programs, ACL Discretionary Grants, Participant-Directed/Person Centered Planning, and Elder Justice.

### **ACL Discretionary Grants**

Amidst funding challenges, Aging Services has pursued ACL grants to provide innovation and integration of statewide services for older Oklahomans. The current grants AS administers are the Medicare Improvement for Patients and Provider Act (MIPPA) and the Lifespan Respite Care Program.

### **State Plan for Alzheimer's disease**

The mission of the Alzheimer's Association is to eliminate Alzheimer's disease. To that end, the Alzheimer's Association, Oklahoma Chapter issued its *2018-2022 Oklahoma State Plan to Address Alzheimer's Disease (Alzheimer's Plan)*. Aging Services staff served as members of the Work Group. The recommendations in the *Alzheimer's Plan* address the challenges Oklahomans face in the areas of family support, advocacy research and academic focus for treatment and clinical training. It also addresses ease-of-access to medical services as it relates to Alzheimer's and other dementias.

### **Medicare Improvement for Patients and Provider Act**

Aging Services was awarded the Medicare Improvement for Patients and Provider Act- (MIPPA)-AAA and MIPPA-ADRC grants for Federal Fiscal Year (FFY) 2015 through 2017 and then was awarded another grant for October 2017 through September 2018. These grants target Medicare clients and assists them with Low Income Subsidy (LIS)/Medicare Savings Program (MSP) and Preventive services. There is an opportunity to apply for future MIPPA grants for (FFY) 2018 and 2019.

The Medicare Improvement for Patients and Providers Act (MIPPA) program focuses on intensified statewide outreach activities to identify Oklahoma Medicare clients that may be eligible for the Low Income Subsidy Program (LIS or Extra Help), Medicare Savings Program (MSP), and Medicare Prescription Drug Coverage (Part D). The LIS program is administered by the Social Security Administration (SSA) and assists low income eligible clients save on their Part D (medication) costs. The MSP is a set of four (4) programs administered by the state Medicaid agencies that can help low-income Medicare recipients save on Part A and B Medicare costs.

MSPs include the Qualified Disabled and Working Individual (QI), Specified Low-income Medicare Beneficiary (SLMB), and Qualified Medicare Beneficiary (QMB) programs.

MIPPA Program currently has the three predominantly metropolitan counties of Oklahoma, Canadian, and Lincoln, have the highest number of LIS and MSP eligible clients. Focusing on these counties, we were able to identify a considerable number of LIS and MSP Medicare eligible beneficiaries.

The MIPPA AAA grant works within five different Area Agency on Aging Planning Service areas: Areawide, Central Oklahoma Economic Development District (COEDD), Eastern Oklahoma Development District (EODD) and Southwestern Oklahoma Development Authority (SWODA) and the IAO PSA. The MIPPA Project Coordinator oversees the grant for the INCOG AAA PSA MIPPA-AAA grant. The current ADRC grant focuses on rural outreach and in the coming years the MIPPA staff will work with OAA Staff and the assigned AAAs and outreach workers on a referral process to track referrals from presentation contacts in an effort to increase participation in rural OAA programs.

Oklahoma has an extensive rural elderly population so a formula was developed to identify the numbers in these counties. This formula construction, assisted in the development of activities and events that would bring together the largest number of rural LIS/MSP eligible population within each county. The formula used was the LIS/MSP eligible client numbers in the Zip Codes; the Rural Urban Continuum Codes (RUCCs), and the rural-urban commuting area (RUCA) codes. The rural-urban commuting area (RUCA) code is a detailed and flexible scheme for delineating sub-county components of rural and urban areas. These different codes assist in identifying Metropolitan cores, Micropolitan and small town codes and reviewed high and low commuting communities to a metropolitan, micropolitan, or small town core. Many micropolitan and small town codes have high enough out-commuting to other areas; typically these areas are not job centers themselves but serve as bedroom communities for a nearby, larger city.

These coded communities are the focus for program implementation in the rural areas. Nutrition sites are the starting activity sites in those towns. Techniques at those nutrition sites are Bingo, Flower Power, and Follow-up Procedure. To sign up eligible clients, discussion includes the Prescription Part D, LIS/MSP, Medicare Prevention Services, and the new Medicare Cards. While in each town, we also meet with local churches, pharmacists, local men and women organizations, community quilting clubs, newspapers, chambers of commerce, local hospitals, doctor offices, community health vans, and caregiver/grandparents groups. Before going into the communities, our program staff members identify local resources. Letters and brochures are sent to those resources that were unavailable.

After each urban or rural event, participants are called to ask if they have questions about the program and sent follow-up material; and explore their eligibility for LIS or MSP. When the person is called, and is eligible for LIS, the Benefits Check-up is completed. If eligible for MSP and interested in applying, our staff member opens a Department of Human Services (DHS) application. This is a general application that includes SNAP, MSP, and Medicaid eligibility. Our



staff assists the client to complete the application. The applicant is then instructed to send it to the local DHS Office and then call that office (number and location provided) to obtain an appointment. This facilitates quicker application progress.

Within a month of the initial call, a follow-up call to the LIS and/or MSP approved applicants to inquiry if the applicant has obtained a DHS worker. Additionally, needs and options are discussed with the applicant as well as mailing any other necessary information to them. These post-event phone calls, community coalition events, resource identification through AAA and 211 directories, personal interactions, DHS referrals, and agency presentations, contribute to the identification of eligible LIS and MSP clients. The data collection on the follow-up calls assists in assessing the effectiveness of sites, target areas that have been noteworthy and eliminate sites that were not productive. Currently input of the program events and client contacts are documented in the SHIPNPR data system. This data can't be reviewed by the MIPPA Project and access is dependent on the Oklahoma SHIP Director. This will change with the new SHIP Tracking and Reporting System (STARS) that will begin June 1, 2018. The MIPPA Director will have access to the MIPPA data thus can compare sites, and evaluate the program effectiveness.

### **Disease Prevention/Health Promotion**

The Older Americans Act D funding was established in 1987 to support disease prevention and health promotion for older adults. Several of Oklahoma's Area Agencies on Aging use Older American's Act Title III-D funds to implement Evidence Based Health promotion programs in their planning service areas. There are also several County Health Departments and local community organizations that implement these programs with no grant funding.

Since October 2016, Older Americans Act Title IIID funds can only be used to support evidence-based programs. Evidence-based disease prevention and health promotion programs have been demonstrated through evaluation and published results to be effective in improving health and wellbeing, reducing disease, disability, and injury for older adults. The Area Agencies on Aging, with support from Aging Services will need to explore opportunities for closer partnerships with health systems, including options for reimbursement to enhance sustainability for the programs. The service providers across the state currently offer a variety of programs addressing falls prevention, physical activity, chronic disease self-management, and diabetes self-management programs.

Oklahoma has a growing number of older adults and faces the continued challenge of helping older adults reduce the risk of falls, and prevent and manage chronic conditions including mental health needs like depression and anxiety. Aging Services and the Area Agencies on Aging also recognize the growing diversity among older Oklahomans, leading to the need for more programs that are culturally appropriate, available in different formats, and offered in languages other than English. In order to continue to support the availability of effective programs, the Area Agencies on Aging need access to training for the different evidence-based programs and need to access new funding opportunities.

**Lifespan Respite Care Programs (LRP):**

The Oklahoma Department of Human Services Aging Services Division has also been awarded another Lifespan Respite Grant from the Administration for Community Living for the next three years. Although there will be a voucher program for those who *cannot* qualify for other respite voucher programs (with an annual household income below \$90,000), this grant will also focus on fortifying the new Oklahoma Caregiver Coalition, focus on employers supporting working caregivers, training for caregivers as well as sustainability of the supports beyond the federal funding. The partners for implementation of this grant include, but are not limited to: Oklahoma Health Aging Initiative (OHAI), Oklahoma University Health Sciences Center /Sooner Success, Alzheimer's Association, Oklahoma State House Representatives (two members: Carol Bush and Regina Goodwin), Veterans Administration, Cherokee Nation, Aging Services, OKC Emergency Management, Crossroads Hospice and Palliative Care, VA Medical Center, DHS/Developmental Disabilities Services; Area Agencies on Aging; Epilepsy Foundation of OK, LTCA of Enid, OK Able Tech, OK Military Department, Daily Living Centers Adult Day Services Centers, Dept. of Rehabilitative Services, AARP Volunteer Program Coordinator, Rose State College, Morton CHS, Ability Connection, Sunbeam Family Services, Easter Seals Oklahoma, Oklahoma ALS Association, Oklahoma Health Care Authority, NAMI Oklahoma, Inc., Integris Jim Thorpe Rehabilitation, OSU, Office of Disability Concerns, Oklahoma County Social Services, Department of Mental Health and Substance Abuse Services; and more.

This grant is the *third* Lifespan Respite Grant that DHS Aging Services has received from the Administration for Community Living since 2010. These are three year grants and focus on different areas of development for sustainable supports for primary caregivers. The partnership has been led by DHS AS with assistance from its network of partners that include a collection of public and private organizations. At the end of 2016, the new Oklahoma Caregiver Coalition was formed. The careful ground-work and planning for the Coalition has led us to the current grants activities including a strategic planning session to assist the coalition in determining the direction to take to successfully implement the grant activities. These activities include, but are not limited to, continued development of a sustainable coalition and the ability to reach private partners such as businesses who support caregivers in their work forces with leave, support groups, resources for respite vouchers, commitment to the Coalition, assistance with fund-raising, fiscal management and more.

Approximately 400 caregivers have been issued respite vouchers since the beginning of the Lifespan Respite Care program grants. (Note: This does not include the respite vouchers issued by the Area Agencies on Aging with Title III E Older Americans Act funds). The current grant (2017-2020) provides respite vouchers for "exceptions", those caregivers who do not meet the eligibility requirements for the other respite programs. With the first Lifespan Respite Grants, not only did they provide vouchers for those not qualified for other programs, but also provided seed grants to establish or expand respite services across the state. Five of six of the original seed grants from the 2010 Lifespan Respite Grant achieved sustainability with their local communities. In 2013 Sooner Success issued 129 sets of vouchers to caregivers totaling approximately \$40,301.

## **Oklahoma Supports**

In 2015, three initiatives converged to develop the Oklahoma Supports web portal. The first initiative, the Governor's Blue Ribbon Panel on Developmental Disabilities recommended a "one-stop shop" to provide individuals and families with information about available community, government resources and services, including Medicaid services.

The second initiative was the federal grant funded the No Wrong Door (NWD) planning grant. The NWD planning grant, which had executive level representation on the planning team from the five largest Oklahoma health and human services agencies (Department of Human Services, Oklahoma Health Care Authority, State Department of Health, Department of Mental Health and Substance Abuse Services, and the Department of Rehabilitation Services) included in the NWD Planning Grant final report to develop an informational website to improve the ease-of-use and prominence of aging and disability Medicaid and non-Medicaid resources with a interoperable Medicaid pre-screening tool.

The third initiative had the state Medicaid agency, OHCA, submitted an Advanced Planning Document (APD) to the Centers for Medicare and Medicaid Services (CMS) requesting funding for the project and the requested funding was awarded. The Deliver Interoperable Solution Components Utilizing Shared Services (DISCUSS) IT Governance Board (made up of representatives from the five largest HHS agencies previously mentioned) approved the Oklahoma Supports portal as a concept project and secured funding for the implementation of the site.

These initiatives, with the foundational support of Executive Order 2015-17, have led to the development of and creation of this web portal so that each Oklahoman, through an integrated approach, has easy access to Long Term Services and Supports in which public and private partners work together to provide person centered services and supports that improve the lives of individuals, families and strengthen the community.

The mission was to create a visible resource in the community that provides a coordinated system of information and access to long-term services and supports for individuals, family members and providers, regardless of age, disability or income. Oklahoma Supports will be available 24-7 to anyone, anywhere with internet access including organizations. The key elements of streamlined eligibility for public programs and public outreach and coordination of key referral sources are the foundation of Oklahoma Supports. Oklahoma Supports will provide and improve the information and referral infrastructure within Oklahoma to support a more person-centered service approach within Oklahoma. The purpose of the portal is to connect Oklahomans to resources that will help them achieve the goal of independence and full participation in their community. The Oklahoma Supports portal, which is in the final stages of development, is targeted to "go live" in November 2018.

## **Participant Directed/Person Centered Planning**

Aging Services is committed to implementing person-centered models as part of services provided through the Older Americans Act. Outreach is in the process of further development of an active outreach that targets culturally diverse, un-served and underserved populations, their family caregivers, and the professional who serve them. Aging Services will be seeking approval from ACL to move the outreach services to the Area Agency on Aging level as an effort to improve person-centered approaches, ensure older adults are the key focus in the determination of services and how the services are received. In coming years, Aging Services will provide training and discuss concepts with the Area Agency on Aging on Person centered models to identify all entry points for long-term services and supports and will work to develop a plan allowing all participants to access services efficiently.

The ADvantage Program Waiver offers a service option for participant/consumer direction entitled Consumer-Directed Personal Assistance Services and Supports (CD-PASS). This ADvantage service option allows Members to direct their own regular and advanced personal care services, serving as the employer-of-record for their personal assistance providers and exercising budget authority for these specific services. Members often choose this option because they feel more comfortable being in charge of who comes into their home to assist them with their personal care needs. Additionally, Members may be able to get more consistent support for their unique needs, such as receiving supports at times that are difficult to staff by a traditional agency provider.

The CD-PASS service option began as a pilot program in the five county region including and surrounding Tulsa County in 2004. Additional expansions were completed on regular intervals when statewide coverage of all 77 counties was achieved in Oklahoma.

The ADvantage consumer-directed service option, CD-PASS (Consumer Directed Personal Assistance Services and Supports), has fulfilled its growth projections and is now available statewide to any interested ADvantage Members. Due to enactment of the 21<sup>st</sup> Century CURES Act in December 2016, CD-PASS Members must now also participate in validation of personal assistance service delivery via the electronic visit verification (EVV) process. As all other ADvantage in-home services are already using EVV, the program is well set to establish this procedural change by the deadline of January 1, 2019. Planning is currently underway to address concerns specific to consumer direction, such as ensuring that the Member retains control as the employer of record of all service personnel involved in the plan of care.

## **Elder Justice**

### **State Legal Services Developer (LSD)**

The Department of Human Services (DHS) Aging Services is mandated by Oklahoma statute, 56 OS § 3100, to provide leadership for improving the quality and quantity of legal and advocacy assistance as a means of ensuring a comprehensive elder rights system for Oklahoma's vulnerable elderly. In carrying out these duties, Aging Services is required to coordinate and provide assistance to area agencies on aging and other entities in Oklahoma that assist older

individuals in understanding the rights of the older individual, exercising choice, benefiting from services and opportunities authorized by law, maintaining the rights of the older individual and, in particular, of the older individual with reduced capacity, and resolving disputes. Pursuant to 56 OS § 3100, the Office of Elder Rights and Legal Assistance Services Development, established in the law, must be the focal point for leadership on elder rights policy review, analysis, and advocacy at the state level, including, but not limited to, such elder rights issues as guardianship, age discrimination, pension and health benefits, insurance, consumer protection, surrogate decision-making, protective services, public benefits, and dispute resolution.

56 OS § 3100 requires Aging Services to designate a person to administer the program, who shall be known as the State Legal Services Developer (LSD) and who serves on a full-time basis to ensure compliance with the statute. Specifically, the LSD provides leadership in securing and maintaining legal rights for the older individual; coordination of legal assistance; provision of technical assistance, training and other supportive functions to area agencies on aging, legal assistance providers, ombudsmen, and other persons as appropriate; promotion of financial management services for older individuals at risk of guardianship; analysis, comments, monitoring, developing, and promoting federal, state, and local laws, rules and regulations, and other governmental policies and actions that pertain to the issues important to older Oklahomans; and information as necessary to public and private agencies, legislators, and other persons regarding the issues affecting older Oklahomans. Among other activities, the LSD provides for the education and training of professionals, volunteers, and older individuals concerning elder rights, the requirements and benefits of specific laws, and methods for enhancing the coordination of services and promotes and provide, as appropriate, education and training for individuals.

In order to be the focal point for leadership on alternative dispute resolution, the LSD serves on the Oklahoma Dispute Resolution Advisory Board, a statewide board that provides advice under the Dispute Resolution Act, 12 O.S. § 1801 et seq. The purpose of the Dispute Resolution Act is “to provide all citizens of this state convenient access to dispute resolution proceedings which are fair, effective, inexpensive, and expeditious.” The Centers provide low-cost mediation services to all who wish to negotiate interpersonal matters. The LSD has been trained by both the Oklahoma Bar Association and by the Dispute Resolution Act’s Early Settlement Program, through three-day intensive seminars, on alternative dispute resolution. In her role as LSD, the LSD advocates for alternative dispute resolution, including situations involving prevention, detection, assessment, intervention, and/or investigation of elder abuse, neglect and financial exploitation.

Advocacy is an important aspect of providing leadership. The LSD provides analysis, comments, monitoring, development, and promotion of federal, state, and local laws, rules and regulations, and other governmental policies and actions that pertain to the issues important to older Oklahomans. Leadership in legislative advocacy is accomplished by the LSD submitting, monitoring and advocating on request bills and other bills that strengthen protections for older Oklahomans at the State Capitol, including bills that involve prevention, detection, assessment, intervention, and/or investigation of elder abuse, neglect and financial exploitation. Empowering constituency groups to provide effective legislative advocacy by providing groups

and Aging Services staff with consistent monitoring of legislation being considered at the Capitol is a significant part of the work done by the LSD. Education, training, consultation and assistance to constituency groups to effect successful legislative advocacy, including advocacy on efforts to prevent, detect, assess, intervene, and/or investigate elder abuse, neglect and financial exploitation is provided by the LSD. OSHL bills such as the Silver Alert, enhanced penalties for elder abuse, and notifying patients of their right to have the purpose of a prescription placed on the label are OSHL bills that help to prevent elder abuse and neglect.

An important part of Elder Justice is identification and prevention of elder abuse, neglect or exploitation. In the legal arena, Aging Services has identified several legal areas with the greatest possibility of elder abuse. Aging Services will work with Legal Aid Service of Oklahoma, Inc., (LASO), and a statewide legal services provider, to prevent elder abuse by focusing on related legal areas. This includes housing issues; income preservation; public benefits; Medicare and Medicaid; debt collection; or nursing and institutional care evictions.

To help prevent abuse and exploitation, Aging Services will work with LASO to assure the preservation of income for seniors through education. In addition to general public education campaigns to raise awareness and understanding of elder abuse, LASO has begun to integrate information and education regarding elder abuse and elder rights into its active case services. In LASO cases that involve estate planning, for example, when a senior pursues the drafting of a will, trust, or power of attorney drafted, LASO seeks to prevent abuse and exploitation by educating and informing clients at the point of one-on-one contact about possible exploitation or abuse.

Additionally, clinics presented by LASO seek to prevent elder abuse. At the clinics, organizers, including LASO attorneys, volunteer attorneys from the Oklahoma Bar Association and law students and paralegals from Oklahoma City University, provide information on basic estate planning tools such as wills, trusts, powers of attorney, and advance directives. Those attending are given questionnaires to complete and return in order to meet with an attorney at a second session when their documents will be prepared. These efforts can help to protect the seniors from potential abuse and exploitation.

Collaborations within the aging network allow the work of the Office of Elder Rights and Legal Assistance Services Development to extend its reach to the entire state. Collaborating with elder abuse multidisciplinary teams (MDTs), Coalitions Against Financial Exploitation of the Elder (CAFEs), comprised of county-wide diverse coalitions of representatives from state, county and local law enforcement, the courts, social services, non-profits, government and the financial, insurance and health care industries, Adult Protective Services (APS) and the Office of the State Long Term Care Ombudsman, Aging Services seeks to address systemic problems that are now a mark of elder abuse prevention programs. The collaboration with the MDTs offers many benefits by helping individual service providers resolve difficult cases; review policy, processes and procedures; and enhance service by discussing strategies, resources, and approaches used by the multiple disciplines. The MDTs address individual cases, advocate for change and plan and carry out the annual *Symposium on Elder Abuse*.

An integral part of the work of the Office of Elder Rights and Legal Assistance Services Development is education. The LSD informs service providers, partners and the general public on issues that affect older Oklahomans. She responds to over 500 telephone calls and 100 requests for information by e-mail on information regarding end of life issues, grandparents, respite care, legislation, Medicaid, scams and senior fraud, federal legislation, elder abuse facts, credit card and financial scams, Medicare Part D, Grandparents' Raising Grandchildren, caregivers, elder rights, medication safety, reverse mortgages and issues involving the prevention, detection, assessment, intervention, and/or investigation of elder abuse, neglect and financial exploitation.

The LSD is working with LASO to assist in developing outcome measurements for its services. Outcome measurements describe the extent to which LASO's services have achieved its short or long-term goals and objectives and have made significant changes in the lives of its clients. It is important that services are effective in addressing issues of older adults; therefore, conducting evaluations that address the changes in the lives of clients ensures that the current and future needs of clients are being met and will improve program efficiency and effectiveness.

#### **Office of the State Long-Term Care Ombudsman (OSLTCO)**

The Older Americans Act and Oklahoma Statutes require Aging Services to provide advocacy for persons who live in Long-Term Care (LTC) facilities through an Office of the State Long-Term Care Ombudsman (OSLTCO) and to designate a person to serve on a full-time basis as the State Long-Term Care Ombudsman (SLTCO) to administer the program. Specifically, the Oklahoma Office of the State LTC Ombudsman directly and through its designated representatives:

- 1) Identifies, investigates, and resolves complaints made by, or on behalf of residents;
- 2) Provides services to assist the residents in protecting their rights, health, safety, and welfare;
- 3) Informs the residents about the means of obtaining services;
- 4) Ensures that the residents have regular and timely access to the services of the Ombudsman Program and timely response to complaints;
- 5) Represents the interests of the residents before governmental agencies and seeks administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the resident;
- 6) Analyzes, comments on, and monitors the development, and implementation of Federal, State, and local laws, rules and regulations, and governmental policies and actions that pertain to the residents and recommends any changes in such laws, regulations, policies and actions as the Office determines to be appropriate;
- 7) Facilitates public comment on the laws, regulations, policies and actions; and,
- 8) Provides technical support for the development of resident and family councils.

The State LTC Ombudsman and Ombudsman representatives provide information as necessary to public and private agencies, legislators, and other persons regarding the issues affecting older Oklahomans who live in LTC facilities. Among other activities, the OSLTCO provides for

the education and training of professionals, volunteers, and older individuals concerning their rights, and the requirements and benefits of specific laws and regulations.

Advocacy is the fundamental component of LTC Ombudsman practice. Leadership in legislative, regulatory, and other systems advocacy is initiated by the State LTC Ombudsman based on the complaint and other personal advocacy work of the statewide Ombudsman staff and certified Ombudsman Volunteers, as well as through active involvement with citizen advocacy groups throughout the State. Systems Advocacy activities include recommendations to Board of Directors, Advisory Councils, and staff of other State Agencies, including the Oklahoma State Health Department (Licensure and Certification agency), the Oklahoma Health Care Authority (State Medicaid Agency); local and State law enforcement entities, and others. The OSLTCO is actively involved in Legislative advocacy including monitoring introduced legislation and recommending changes to bills, including bills that involve prevention, detection, assessment, intervention, and/or investigation of elder abuse, neglect and financial exploitation. To empower statewide groups of advocates for Aging, such as the Oklahoma Alliance on Aging and others to provide effective legislative advocacy, the State Ombudsman Office attends legislative committee meetings and meets with legislators and others, and provides information updates to groups and individuals, and participates in developing strategies and distributing action alerts.

The OSLTCO's consultation and assistance to a variety of advocacy groups and agencies/programs includes advocacy on efforts to prevent, detect, assess, intervene, and/or investigate elder abuse, neglect and financial exploitation.

Collaborations within the aging network allow the OSLTCO to partner with Law enforcement, adult protective services, and other agencies and community groups to educate community and faith-based groups related to the prevention, identification, and investigation of elder abuse, neglect and financial exploitation. These collaborations will be enhanced through memorandums of understanding with Agencies, programs, provider associations and others.

By having a variety of services under one roof, Aging Services is able to link individuals seeking information and assistance in an efficient manner. Providers cross programs to ensure their participants are receiving all services they are eligible to receive. Working together, we are able to ensure targeted and efficient service delivery.



## **Goals, Objectives, Strategies, and Outcomes**

Aging Services' focus for the next four years is to implement strategies to reach four major goals. In having options and diversity among nutrition options, this will allow for the younger demographic of the baby boomers to attend a nutrition program near them. We will also enable older adults to remain in their homes with easy access to services and include supports for their family caregivers through implementing and maintaining a Caregiver Coalition. We also want to empower older Oklahomans to have access to Older Americans Act programs with a person centered approach. Finally, Aging Services will ensure the rights of older Oklahomans and prevent their abuse, neglect, and exploitation through implementation of more Elder Justice Initiatives to assist groups in advocacy efforts, and providing education to seniors, groups, and communities regarding elder abuse and exploitation.

### Goals

Over the next four years, Aging Services will focus on the following four key goals:

**GOAL 1:** SUPPORT AVAILABILITY, FLEXIBILITY AND SUSTAINABILITY OF OLDER AMERICANS PROGRAMS.

**GOAL 2:** TO EXPAND, ENHANCE, AND ENSURE THE SUSTAINABILITY OF GAP-FILLING RESPITE SERVICES TO OKLAHOMA FAMILY CAREGIVERS ACROSS THE LIFESPAN AND DISABILITY SPECTRUM.

**GOAL 3:** AGING SERVICES WILL SUPPORT A PERSON-CENTERED APPROACH TO OUTREACH SERVICES TO MEET INDIVIDUAL AND DIVERSE NEEDS.

**GOAL 4:** ENSURE THE RIGHTS OF OLDER OKLAHOMANS AND PREVENT THEIR ABUSE, NEGLECT AND EXPLOITATION.

## **GOAL 1: SUPPORT AVAILABILITY, DIVERSITY AND SUSTAINABILITY OF OLDER AMERICANS ACT PROGRAMS.**

### **Objective 1:**

Identify and develop new or renew existing partnerships to diversify funding to support and grow local meal programs to serve all eligible participants.

### **Action Steps:**

1. Strengthen partnerships with agencies that target senior hunger, food insecurity and/or malnutrition
2. Review best practices from other states of Older Americans Act services to evaluate how to integrate partnerships within the larger aging network.
3. Encourage advocacy at the local and state level for nutrition programs.

### **Objective 2:**

Encourage partnership with local agencies such as Alzheimer's Association, AARP, and Oklahoma Caregiver Coalition to address needs of caregivers.

### **Action Steps:**

1. Assisting Area Agencies on Aging to identify local agencies to support caregiver activities
2. Support AAA in outreach efforts to caregivers within the meal program.

### **Outcomes:**

1. Increase access and referral to congregate nutrition services within the public and private businesses where feasible.
2. Expand the diversity of congregate and home delivered participants to include caregivers.

**GOAL 2: TO EXPAND, ENHANCE, AND ENSURE THE SUSTAINABILITY OF GAP-FILLING RESPITE SERVICES TO OKLAHOMA FAMILY CAREGIVERS ACROSS THE LIFESPAN AND DISABILITY SPECTRUM.**

Objective 1:

Implement the new Oklahoma Enhanced Lifespan Respite Grant

Action Steps:

1. Expand existing lifespan respite services statewide.
2. Actively collaborate with *Oklahoma Caregiver Coalition* to provide supportive respite services.
3. Develop policies and strategies to sustain access to respite services.
4. Evaluate and disseminate program results.
5. Provide policy development events to promote caregiving services and nurture sustainability.
6. Provide an employee caregiver training.

Outcomes:

1. Increase accessibility to and manageability of respite vouchers by caregivers.
2. Increase partnership with No Wrong Door and public/private partnerships to provide streamlined access to valuable resources.
3. Improve the health and well-being of caregivers by reducing caregiver stress.
4. Increase the accessibility to the use online searchable database and the opportunity to explore all respite options.
5. Allow the care recipient to age-in-place to ensure *quality of life also providing an* economic impact on service delivery systems.

### **GOAL 3: AGING SERVICES WILL SUPPORT A PERSON-CENTERED APPROACH TO MEET INDIVIDUAL AND DIVERSE NEEDS.**

#### **Objective 1:**

Provide outreach services to eligible participants within Area Agencies on Aging Planning Service Areas.

#### **Action Steps:**

1. Support AAAs to ensure outreach providers are trained and have technical assistance on the practice of person-centered thinking when developing services.
2. Strengthen person-centered components of the outreach programs by revising policies.
3. Identify and share person-centered models that have effectively reached targeted populations.
4. Assist Area Agencies on Aging to identify ways to reach eligible participants to address needs within Area Agencies on Aging Planning Service Areas.

#### **Outcomes:**

1. Increase consumer choice and participation in Older Americans Act services.
2. Increase knowledge of and access to Older Americans Act services by the target population enabling them to remain in the community.
3. Increase the diversity of individuals receiving Outreach services.

## **GOAL 4: ENSURE THE RIGHTS OF OLDER OKLAHOMANS AND PREVENT THEIR ABUSE, NEGLECT AND EXPLOITATION.**

### **Objective 1:**

To implement a coordinated legal services system to address elder abuse that promotes elder abuse education, both communally and individually; collaboration with elder abuse multidisciplinary teams (MDTs); and access to legal services that focuses on legal areas with the greatest possibility of elder abuse.

### **Action Steps:**

1. Ensure seniors' access to public educational programs on elder abuse, through Legal Aid Services of Oklahoma, Inc. (LASO).
2. Promote access to legal services focusing on legal areas with the greatest possibility of elder abuse, including foreclosure, evictions or housing issues; income preservation; benefits; Medicare and Medicaid; debt collection; or nursing and institutional care.
3. Promote education and information to protect against elder abuse and exploitation in active-case settings, when attorneys and paralegals meet one-on-one with clients related to estate planning issues.
4. Coordinate with local Multi-Disciplinary Teams to address issues presented by abuse, neglect and exploitation.

### **Outcomes:**

1. Increase knowledge among older Oklahomans and caregivers related to evictions, foreclosures and income debt issues leading to elder abuse, neglect and financial exploitation.
2. Increase number of seniors executing Durable Powers of Attorney, Advance Directives, wills or trusts.
3. Increase number of Oklahoma seniors who positively resolve housing issues.

## **Quality Management**

The quality management for programs and services funded through Aging Services is a primary focus over the next four years. Aging Services will strive to ensure federal, state and local funds provided to Area Agencies on Aging and other grantees are used effectively, efficiently and strategically for services and supports for older adults. To this end, Aging Services has implemented standardized monitoring tools for area agencies across Older Americans Act core programs. Aging Services reviews the annual external fiscal audits and related requirements to fully incorporate fiscal monitoring into the monitoring plan. Aging Services believes it can leverage its small capacity by conducting periodic onsite and desk reviews as well.

Aging Services will be looking to implement the National Core Indicators (NCI) to assess the quality of our services and to have true comparable data between our state and other states nationwide. The survey will gather data that is found in agency records and with an in-person survey. This survey includes satisfaction-related questions and objective questions to be answered by the consumer. The survey and resulting data obtained will correlate to quality objectives that will measure the quality of long term services and supports for seniors, adults with physical disabilities and their caregivers. Also, it will measure the consumer's satisfaction with the services he/she receives. The goal is to have a survey that is used nationwide with data that measures the quality of services. Aging Services, currently, does not have the capacity to track outcomes and performance measures for services provided by Area Agencies on Aging. The current data system captures output data, such as the number of individuals served and the number of services provided by service type. However, over the next four years, explorations will occur looking for a comprehensive data collection system which would assist in identifying and tracking performance measures for all programs.

By becoming a part of the NCI-AD program, Aging Services can ensure that the funded programs are effectively measured. In addition, through research of national trends and evaluation of programs provided by NCI, Aging Services can identify best practices and strategies to improve programs, services and access to services. By taking part in these endeavors, Aging Services will improve its evaluation of the performance of Aging Services' systems and will be provided the data necessary to improve services and better support older adults.

Another component to quality management is the Area Agencies on Aging's responsibility to monitor project compliance with regulations and assurances within policy, the Older Americans Act, as well as evaluating the effectiveness of services. The monitoring plan is based on assumptions that Area Agencies on Aging have in-depth, expert knowledge of the national and state requirements for service delivery and fiscal control. The Area Agencies on Aging are conducting quarterly reviews, thorough monitoring of their program and operational systems; and that Area Agencies on Aging are operating under the practices they believe to be the most efficient and equitable. Aging Services thinks that standards may be strengthened and efficiencies gleaned through ongoing program monitoring efforts, standardized reporting and actively share quality improvement and best practices across agencies.

## Appendix A

### STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

#### Older Americans Act, As Amended in 2016

*By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2016.*

### ASSURANCES

#### Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title--

(2) The State agency shall—(A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan;

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

(c) An area agency on aging designated under subsection (a) shall be--...

(5) in the case of a State specified in subsection (b) (5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In

designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

*Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.*

**Sec. 306(a), AREA PLANS**

(a) Each area agency on aging...Each such plan shall--

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services--

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;



(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared --

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(9) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
- (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
- (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

(13) provide assurances that the area agency on aging will—

- (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

- (B) disclose to the Assistant Secretary and the State agency--
  - (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
  - (ii) the nature of such contract or such relationship;

- (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

- (D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship;

- (E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used--

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
- (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

## **Sec. 307, STATE PLANS**

(a) . . . Each such plan shall comply with all of the following requirements:...

(3) The plan shall--

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(B) The plan shall provide assurances that--

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11) The plan shall provide that with respect to legal assistance --

(A) the plan contains assurances that area agencies on aging will

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals --

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;...

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State...

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and  
(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall--

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(23) The plan shall provide assurances that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

#### **Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS**

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

#### **Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)**

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307--

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order...

## **Appendix A (Continued)**

### **REQUIRED ACTIVITIES**

#### **Sec. 305 ORGANIZATION**

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—. . .

(2) the State agency shall—

(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals; and

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

#### **Sec. 306 – AREA PLANS**

(a) . . . Each such plan shall— (6) provide that the area agency on aging will—

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(6)(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate;

#### **Sec. 307(a) STATE PLANS**

(1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and (B) be based on such area plans.

*Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.*



(2) The plan shall provide that the State agency will --

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; ...

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

*Note: "PERIODIC" (DEFINED IN 45CFR PART 1321.3) MEANS, AT A MINIMUM, ONCE EACH FISCAL YEAR.*

(5) The plan shall provide that the State agency will:

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals—

(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

Karen L. Poteet  
Signature and Title of Authorized Official

6/14/18  
Date

## Appendix B

### INFORMATION REQUIREMENTS

**IMPORTANT:** States must provide all applicable information following each Older Americans Act citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

#### **Section 305(a)(2)(E)**

*Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;*

***The State Unit has \*policy in place requiring grantees and sub-grantees to prioritize service delivery. Outreach services identify individuals in the mandated categories of need. Area Agencies on Aging and other sub-grantees prioritize service delivery to ensure they receive preference as required by the Act.***

***\*See state policy OAC 340:105-10-38 Targeting Resources to Older Persons in Greatest Economic or Social Need.***

***<http://www.okdhs.org/library/policy/Pages/oac340105100038000.aspx>***

#### **Section 306(a)(17)**

*Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.*

***The State Unit has \*policy in place requiring Area Agencies on Aging to develop and submit disaster plans. The plans are reviewed and updated annually. The plans are maintained on file in the state office. \*See state policy OAC 340:105-10-45 Area Agency on Aging Disaster Planning.***

***<http://www.okdhs.org/library/policy/Pages/oac340105100045000.aspx>***

### **Section 307(a)(2)**

The plan shall provide that the State agency will --...

(C) *specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). (Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)*

***The Area Agencies on Aging develops its annual budget in consultation with the State Agency and incorporates the allocations listed in (1) - (3) of this subsection into the budget. The Area Agencies on Aging:***

- ***(1) expends at least 30 percent of its federal Title III-B funds overall for the three priority service categories, and not less than five percent of these funds for any single priority service;***
- ***(2) expends at least as much federal funds in any given fiscal year for the priority services categories as the Area Agencies on Aging expended for the priority services in the previous fiscal year; unless the Area Agencies on Aging allocation of these funds is reduced, in which case, the Area Agencies on Aging priority services expenditure is reduced proportional to the Area Agencies on Aging reduction in Title III-B funds; and***
- ***(3) allocates federal funds to legal assistance services in accordance with minimum funding levels established by the State Agency and issued annually under State memo.***

***See state policy OAC 340:105-10-96 Title III-B Priority Supportive Services.***

***<http://www.okdhs.org/library/policy/oac340/105/10/0096000.htm>***

### **Section 307(a)(3)**

The plan shall--

...

(B) with respect to services for older individuals residing in rural areas--

(i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;

(ii) *identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and*

(iii) *describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

***Please see Intrastate Funding Formula section of State Plan***

### **Section 307(a)(10)**

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall *describe how those needs have been met and describe how funds have been allocated to meet those needs.*

***The State Unit has \*policy in place requiring Area Agencies on Aging s to conduct needs assessments and service evaluation activities in each planning and service area including an annual evaluation of outreach services. \*See state policy OAC 340:105-10-33 Area Plan on Aging.***

***<http://www.okdhs.org/library/policy/oac340/105/10/0033000.htm>***

***Also see state policy OAC 340:105-10-60 Outreach Methods.***

***<http://www.okdhs.org/library/policy/oac340/105/10/0060000.htm>***

### **Section 307(a)(14)**

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) *identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and*

(B) *describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.*

***The State Unit has policy in place requiring grantees and sub-grantees to prioritize service delivery. Outreach services identify individuals in the mandated categories of need. Area Agencies on Aging and other sub-grantees prioritize service delivery to ensure they receive preference as required by the Act. \*See state policy OAC 340:105-10-38 Targeting Resources to Older Persons in Greatest Economic or Social Need.***

***<http://www.okdhs.org/library/policy/oac340/105/10/0038000.htm>***

***The Special Unit on Aging reviews the area plans from each of the Area Agencies on Aging that address their outreach methods in their planning and service areas to ensure effective methods are used.***

***Outreach methods used to ensure the service needs of low-income minority older individuals and those with limited English proficiency are met include community presentations, public service announcements on television or radio, press releases, inter-agency referrals, leaving brochures at doctors' offices and hospital discharge workers, partnering with county health departments, and leaving fliers at businesses and churches which the specific populations attend, plus inserts in the church bulletins. Inter-agency referrals, community presentations, and local tribal agency contacts are focus areas to reach limited English proficiency individuals who are Native Americans.***

***The state office and each Area Agencies on Aging use updated census data to target minority and underserved populations within a service area and update their area plan annually on how they will reach these groups.***

**Section 307(a)(21)**

The plan shall --

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, *and specify the ways in which the State agency intends to implement the activities.*

***The State Unit will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits. There is a designated member on the State Council on Aging Advisory Council who can assist with liaison with the tribes.***

***The State Unit contract document with each Area Agencies on Aging has a provision in the scope of work requiring the contractor Area Agencies on Aging to perform services as described in the Older Americans Act found online, both in present form and as amended, during the term of the contract. This ensures their compliance with the Older Americans Act requirements.***

***The provisions of the state contract extend through to the sub-grantees or local service providers.***

## Section 307(a)(28)

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

- (i) the projected change in the number of older individuals in the State;
- (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
- (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive

*The State Data Center at the Oklahoma Department of Commerce has produced a report giving statewide population projections, by age group, through the year 2075<sup>13</sup>. The report predicts that Oklahoma's Aging Population (age 60 & over) will grow to over 1,000,000 individuals by the year 2030. Through the year 2030, Oklahoma's Aging Population is expected to grow at a rate that is two to three time faster than the rate for the general population. Aging Services recognizes that in the next ten years there will be a significant increase in the number of older adults in Oklahoma and many of whom will need services. Aging Services acknowledges that financial resources are likely to be limited and unable to meet all of those needs. With this increase in the number of older adults comes a greater demand for long-term care services including access to long-term care information, home care, transportation, affordable and safe housing, as well as the need for public and private resources and long-term care system in place to support these services.*

*The rate of population growth for the 60 & over cohort will be much higher the growth rate for the general population:*

	<u>2015</u>	<u>2020</u>	<u>2025</u>	<u>2030</u>
<b>Total Population</b>	<b>3,885,288</b>	<b>4,024,202</b>	<b>4,163,501</b>	<b>4,302,501</b>
<b>% increase over 2015 level</b>	<b>--</b>	<b>3.5%</b>	<b>7.2%</b>	<b>10.7%</b>
<b>Age 60 &amp; Over</b>	<b>818,482</b>	<b>914,754</b>	<b>988,866</b>	<b>1,044,251</b>
<b>% increase over 2015 level</b>	<b>--</b>	<b>11.8%</b>	<b>20.8%</b>	<b>27.6%</b>

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<sup>13</sup> 2012 DEMOGRAPHIC STATE OF THE STATE REPORT: OKLAHOMA STATE AND COUNTY POPULATION PROJECTIONS THROUGH 2075, [http://okcommerce.gov/wp-content/uploads/2015/06/Population\\_Projections\\_Report-2012.pdf](http://okcommerce.gov/wp-content/uploads/2015/06/Population_Projections_Report-2012.pdf)

**Section 307(a)(29)**

*The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.*

***Aging Services is fortunate to have the emergency preparedness support of our larger agency which includes access to law enforcement, transportation, communications, etc. The agency has an Emergency Preparedness and Response Program as well as a division specific Emergency Operations Plan. The agency has both statewide response plans in place and also requires localized plans to be created, tested and ready for deployment if needed. The agency has a presence in most county so the coverage is comprehensive. Aging Services has a communications plan in place that allows for efficient information and data reporting through the local projects and the Area Agencies on Aging, both for the Title III program and the Medicaid waiver. Other programs operated out of this division tie in nicely with this effort. Communication is key with any disaster and emphasis is also placed on information technology backup and restore following a disaster and is built into the overall Continuity of Operations plan. Another key area is vaccine distribution and administration in the event of a pandemic influenza outbreak.***

**Section 307(a)(30)**

*The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.*

***In addition to the above referenced information, the Aging Services Division Director participates in the statewide Emergency Preparedness and Response Services Senior Advisory Committee Meetings and plan. Representatives from state agencies such as the Oklahoma Department of Human Services, the Oklahoma State Department of Health, Department of Emergency Management, Homeland Security, Disaster Assistance, Oklahoma Department of Mental Health and Substance Abuse, etc meet quarterly to discuss emergency management, preparedness, agency back-up systems for services, services during times of disasters, and resources.***



## **Section 705(a) ELIGIBILITY --**

In order to be eligible to receive an allotment under this subtitle, a State shall *include in the State plan submitted under section 307--*

*(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).*

*(Note: Paragraphs (1) of through (6) of this section are listed below)*

*In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307--*

*(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;*

*(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;*

*(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;*

*(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;*

*(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);*

*(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--*

*(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for-*

*(i) public education to identify and prevent elder abuse;*

*(ii) receipt of reports of elder abuse;*

*(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and*

*(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;*

*(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and*

*(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--*

*(i) if all parties to such complaint consent in writing to the release of such information;*

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.

***Aging Services, through its statewide Area Agencies on Aging system, has established programs under the Older Americans Act throughout Oklahoma. We also, as stated throughout the plan, coordinate Older Americans Act services with other resources for older Oklahomans. Our state office and our area agencies on aging hold public hearings, utilize surveys, participate in Title VI meetings such as the OICOA, and confer with the State Council on Aging and other aging organizations such as the Alliance on Aging and Silver-Haired Legislature to obtain the views of older Oklahomans regarding services provided, service gaps, and prioritizing statewide activities. Oklahoma will continue to fund and provide services for the prevention of elder abuse, neglect, and exploitation through our Legal Services and Ombudsman programs including public education offerings, complaint investigation, and referral to law enforcement or public protective services agencies as needed without any interference from our office or other entities. We have policy in place to ensure all confidentiality of personal information including the requirement of signed consent from the individual to release any information for a referral. Also, we have policy in place to ensure that no person will be coerced in participating in our programs or being referred to another program.***

## **Appendix C**

### **INTRASTATE FUNDING FORMULA**

In consultation with Area Agencies on Aging and in accordance with guidelines issued by the Assistant Secretary for Aging of the Administration on Aging (AoA), the State Agency uses the best available data to develop and publish for review and comment a formula for distribution within the state of funds received under Title III that takes into account:

- (1) the geographical distribution of older persons in the state; and
- (2) the distribution among planning and service areas (PSAs) of older persons with greatest economic need and older persons with greatest social need, with particular attention to low income minority older persons.

The State Agency implements this by: (1) obtaining input from the Area Agencies on Aging, including demographic data, for use in developing the intrastate funding formula; (2) following guidelines from the regional office of AoA regarding development of the intrastate funding formula; (3) considering the geographic distribution among PSAs of persons 60 years of age and older in the development of the intrastate funding formula; (4) considering the distribution among PSAs of older persons in greatest economic need, based on older persons at or below the poverty level as defined by the United States Bureau of Census. Particular attention is paid to low income minority older persons and older persons residing in rural areas, in the development of the intrastate funding formula; (5) considering the distribution among PSAs of older persons in greatest social need. Particular attention is paid to low income minority older persons and older persons residing in rural areas, in the development of the intrastate funding formula.

AS develops an intrastate funding formula that includes:

- (A) funds retained for state and Area Agencies on Aging administration, and for the State Long-Term Care Ombudsman Program, including:
  - (i) no more than five percent of Oklahoma's allocation of Older Americans Act Title III funds or \$300,000, whichever is greater, retained by the State Agency for State Agency administrative costs, unless the total Older Americans Act Title III allocation to all states under Section 303 of the Older Americans Act exceeds \$800,000,000, in which case the State Agency retains five percent of the state's Title III allocation, or \$500,000, whichever is greater;

(ii) no more than ten percent of the funds remaining after providing for State Agency administrative costs are awarded for meeting Area Agencies on Aging administrative costs. In awarding administrative funds, each PSA is apportioned a minimum of \$37,500 unless available funds are insufficient to provide for such an apportionment, in which case the available funds are distributed among the PSAs in equal shares. Area Agencies on Aging administrative funds remaining, if any, after making this apportionment are allotted among PSAs in the same proportion as each PSA's age 60 and older population bears to the total state population age 60 and older; and

(iii) no less than one percent of Oklahoma's Older Americans Act Title III, Part B allocation is retained for the Long-Term Care Ombudsman Program of the State Agency;

(B) 50 percent of the funds remaining after providing for state and Area Agencies on Aging administrative costs and for the Long-Term Care Ombudsman Program are apportioned among PSAs in the same proportion as each PSA's age 60 and older population bears to the total state population age 60 and older;

(C) 50 percent of the funds remaining after the apportionment described in (B) of this paragraph are apportioned among PSAs in the same proportion as each PSA's age 60 and older population living at or below the poverty level bears to the total state population age 60 and older living at or below the poverty level;

(D) all of the funds remaining after the apportionment described in (C) of this paragraph are apportioned among PSAs in the same proportion as each PSA's age 60 and older population of minority racial descent bears to the total state population age 60 and older of minority racial descent;

(E) PSAs containing no medically underserved areas are ineligible to receive funds appropriated specifically for disease prevention and health promotion services. Medically underserved areas mean medically underserved areas designated by the United States Department of Health and Human Services, Public Health Service Bureau of Health Care Delivery and Assistance, Office of Shortage Designation;

(F) allotting each PSA no less than two percent of the sum of the funds apportioned in (B) through (D) of this paragraph;

(G) allotting each PSA sufficient funds to meet the requirements of Section 307(a)(3)(B) of the Older Americans Act. Not less than the total of federal fiscal year 2000 expenditures were allotted to rural areas. Rural areas are defined as those counties not

included in Standard Metropolitan Statistical Areas (SMSA), as determined by the United States Census Bureau. The amounts necessary to meet this requirement are:

Planning Service Area 1: \$876,072

Planning Service Area 2: \$1,149,319

Planning Service Area 3: \$812,873

Planning Service Area 4: \$900,213

Planning Service Area 5: \$803,399

Planning Service Area 6: \$0

Planning Service Area 7: \$578,108

Planning Service Area 8: \$0

Planning Service Area 9: \$914,127

Planning Service Area 10: \$441,543

Planning Service Area 11: \$252,781

## APPENDIX D

### FOCUS GROUP MEETINGS

Two different focus groups were conducted for the Oklahoma State Plan 2019-2020. The focus groups were tasked with analyzing three broad Older Americans Act and aging topics and bringing each attendee's unique perspective to the discussion. Aging Services employees spoke only when asked a specific question by a focus group attendee.

The first focus group included the Area Agencies on Aging held on March 7<sup>th</sup>, 2018. The Area Agencies on Aging Directors and some staff attended. They were provided the questions prior to meeting so they may discuss among interested parties in their PSA. Also, three (3) Aging Services employees attended, including members of the Special Unit on Aging which administers Title III services, and the Legal Services Developer.

The second focus group involved members from the State Council on Aging, academic instructors or professors and aging advocates. It was held on April 26<sup>th</sup>, 2018. Also, two (2) Aging Services employees attended including a member of the Special Unit on Aging, which administers Title III services, and the Legal Services Developer.

### OAA (OLDER AMERICANS ACT) SERVICES

#### What is effective about how services are provided?

- Agencies are doing so much with so little but they are passionate, committed and loyal providers
- Long Term Care Ombudsman program is effective - Remarkable program for residents to have someone to confide in since often they are afraid to speak out to staff
- The AAAs are well-respected members of the aging community. Other than churches and schools, our congregate sites are recognized as a core function of rural communities
- Use of the Aging Network with AAAs as an integral part; congregate sites, particularly in small rural communities, are a regular gathering place for older adults
- AAAs are good stewards of limited funding
- AAAs have been successful in addressing changing local needs during the time that State funding has decreased

#### Suggestions on how to increase the effectiveness of services

- Face-to-face meetings more than *go-to-meetings*
- Aging should be ready to process innovative ideas and be proactive in responses
- Provide a clear and timely pathway for Direct Service Waivers
- Recognize a variety of evidence-base programs exist. Provide a clear and timely path for approval
- When innovative ideas are proposed, work collaboratively to pilot and implement them

- Revisit the state funding formula. There is an inequity in the state funding formula for the Oklahoma aging network. Legacy funding gives some AAAs more funding than a equalized formula would provide Funding formula should be revised based on current needs
- Utilize the experience of AAA staff
- Add Outreach and Caregiver as direct service- will allow for better coordination
- Collaborate on innovative ways to utilize "B" funding to fill services gaps in each PSA
- Medicaid reimbursement, case management, more innovation
- Request waivers from ACL more frequently to maximize service delivery options

#### **Examples of efficiencies that Oklahoma may be able to leverage**

- Atlanta, GA, brought in a chef and used food to naturally flavor meals and their scored improved
- Collaborate in order to make innovation work in a positive manner
- Cost sharing for "B" services
- Unit cost contracts, possibly with a variety of vendors depending on location
- Allow AAA's to provide more direct services i.e. Outreach, Caregiver, Nutrition services
- Flexibility with congregate meal projects; number of serving days, serving times, opening and closing sites
- Combining "B" services to create new service delivery models
- More latitude with evidence-based programs
- Other states have done a better job of earmarking funding streams specifically for aging services
- Since funding is limited, could possibly try to get TSET money for health issue resolution to try and eliminate smoking related illnesses in seniors
- Best practice was provided relating to volunteer transportation and vouchers in Osage County. A suggestions was provided to Leveraging 5310 funding to purchase buses through matching with federal funds

#### **In addition to services currently provided, what can AAAs do to better serve the needs of the "baby boomer" population?**

- Provide an alternative meal to the 5 day/week "lunch"; develop local survey tool to ask them what they want/need
- Better understand that this age group is radically different from the previous generation
- Be able to use OAA funding to incubate new programs designed to fit these changing need
- Benchmark what other states are doing--what's working, what isn't
- Research emerging best practices from other states and be willing to allow for implementation in Oklahoma
- Collaborate with the local AAAs to better identify changing local needs

#### **Anything need to be changed or added to services?**

- Lack of flexibility for AAAs in how funding may be utilized in the areas they serve. There is currently a one-size fits all model. Not effective when some AAAs are urban, some are rural and some are very rural
- 40 hour requirement for I&A Specialist an requirement that Project Directors are full-time
- Nutrition needs flexibility (examples provided include: vouchers, site managers, partnering with other entities for meals, serving breakfast and dinner instead of lunch
- Option for consolidated services
- Pool outreach at the AAA and coordinate service providers more effectively. Outreach would help AAA's do more with less and refer to other services outside of aging.

- Health promotion is challenge for rural areas as they are not able to find a contractor for large areas for the amount of funds available. I&A funds could be stretched. Consensus that health promotion is good, but drastically underfunded. There is no time and money for training and mentoring
- Outreach – Need to establish relationship with consumers and follow-up to see if services are working. Follow-up is important and I&A could do the follow-up. Outreach can work well with I&A and caregiver
- "B" services are meant to fill service gaps in the community, and in a creative and innovative manner. Rather than limiting the type of "B" services in Oklahoma, let's embrace the OAA
- Personal Care, Case Management, Information & Assistance as a contracted service
- Pay rates are based from a 1960s rate; cannot hire someone in to do Master's level work at a rate of \$18,000/year
- Need an ombudsman program for in-home care clients. They tend to be more isolated and are at greater risk
- From the perspective of the ALZ Assoc., want to see more respite care for family care-givers

#### **Anything that needs to be stopped related to services?**

- It should be a local decision about which OAA services are offered, or not offered, not the State Limited number of services. Good thing about OAA is that services are able to be added
- Limited funds for certain services- Administrative costs make some programs not cost effective. Example provided was home repairs
- All services offered by our AAAs are needed at this time and I don't think any need to be deleted

### **OAA SERVICE MODEL**

#### **Service model set up effective?**

- The annual assessments of AAA could be revised. Example provided of Texas that does assessments every three years. If deficiency is found, then the following two years are spent fixing the deficiencies
- Challenge of bringing in younger seniors. Innovative ideas from other states/locations are needed to serve the "younger old." Does the information provided catch the attention of the younger demographic?
- Ideas that were discussed: health promotion, 4 day lunch and once a week mixer, once a week potluck in rural areas with Title III training and education/training



## SERVICE GAPS FOR THE AGING POPULATION

### What are the most significant Service Gaps in Oklahoma or your area?

- 60-70 population, although service age may change at the national level
- Transportation gap. Even with multiple providers, it is hard to get transportation at a reasonable price. Sometimes the need is urgent and seniors cannot wait 72 hours
- Difficult to get transportation in rural areas- There is a need for a variety of options. A suggestion was made for volunteer drivers
- Dental services in part due to lack of nutrition and other health issues
- Homemaker Services
- Home repair
- Case management
- Affordable Healthcare
- Information and Assistance is difficult in rural area. Information is not as easily disseminated in those areas. The capacity for I&A should be increased either with more staff or reduced workload
- Outreach programs for very rural (i.e., out in the country) home delivered meals
- Congregate meals were cut with the last cuts and seniors are not eating because of the cuts
- Mental health wrap around services are very much needed/ more robust
- Outreach to isolated seniors is very limited; more referrals to community services could decrease Adult Protective Services referrals
- Translation and cultural services
- Funding for senior companion programs is lacking; these programs help both the seniors and the companions as well
- Senior housing is a problem - seniors are often housed with persons with disabilities and it can sometimes create a volatile situation
- Health literacy is lacking
- Grandparents Raising Grandchildren Services are limited
- Gaps in services exist largely because of lack of funding
- Educating communities on aging services and needs is critical
- Since funding is limited, could possibly try to get TSET money for health issue resolution to try and eliminate smoking related illnesses in seniors
- Shortage of counselors, doctors, and memory care beds in Oklahoma – especially in the rural parts of the state. Early diagnosis of Alzheimer’s disease is a critical factor

## FUTURE OF AGING POPULATION IN OKLAHOMA

### What do you see happening to Oklahoma’s aging population over the next 5, 10, 20 years?

- Needs will increase and number will increase, especially in the 85+ population
- Less healthy seniors and we will be unable to meet their needs. Example was provided of chronic conditions
- More services and higher level of services
- Bigger cohort moving into their 70’s (as the baby boomers age)
- More pressure from seniors to get services because the people from the generation who were taught to hold their tongue are gone
- Nursing facility residents are becoming less healthy so they will have greater needs

- Might be some healthier aging because of education that has been available but there is not enough education out there
- Nursing facility residents are becoming less healthy so they will have greater needs
- More long-term needs because people in general are living longer
- less caregivers because women are also working longer than previous generations
- Need to look into shared senior housing and encourage pairing roommates based on their abilities
- Struggle with providing services for under-served areas as well as for low-income individuals. The Alzheimer's Association is very concerned about the level of training for certified care staff

#### **What do we need to do deal with upcoming needs?**

- Replace legislature
- Money, more investment equals better outcomes
- Change in the way Oklahoma views and values 'things'
- Benchmark with other states. Survey what happens in other state and conduct site visits
- Incorporate technology at AAA and site levels. Sites are still using a lot of paper. Incoming seniors are more tech savvy. Sign-in sheets are difficult to manage
- Caregivers will involve multiple generations with the old and really old generation. Example provided of the 'sandwich' generation
- Nutrition sites at casinos
- Replace AIM and get another data collection software. Need to collect and analyze data to measure how well seniors are served
- Advocacy needs to increase
- Stop eroding services to such a low point that agencies are not able to recover
- Addressing healthcare workforce shortages
- More places need to require staff that have gerontology related degrees so they understand the aging population
- Baby boomer services need to be addressed
- Need to get buy-in from younger generations to pay attention to aging
- Veterans need to be addressed. PTSD is a huge issue and the first reaction is always prescribe opioids which can then lead to other issues
- Education need to increase/improve
- Need to do a better job of providing socialization
- Need to increase the sharing of resource communication
- Need to engage with and support the work of outside agencies (community-based organizations) in the delivery of respite care & counseling
- Standards of training for certified care staff in Alzheimer's

## **APPENDIX E**

### **PUBLIC HEARING**

A public hearing for the Oklahoma State Plan on Aging was held on June 13th, 2018. The public hearing was conducted at the local Vo-Tech with invites to a variety of Aging and Non-Aging network partners. The public hearing consisted of a presentation that covered the aspects of the plan from demographics, core functions, and goals and objectives. Participants were encouraged to comment and ask questions. There were a variety of questions and comments however most questions pertained to clarification of demographic data and a robust discussion occurred about the goals and clarifying intentions, the need to restate and revise goals.

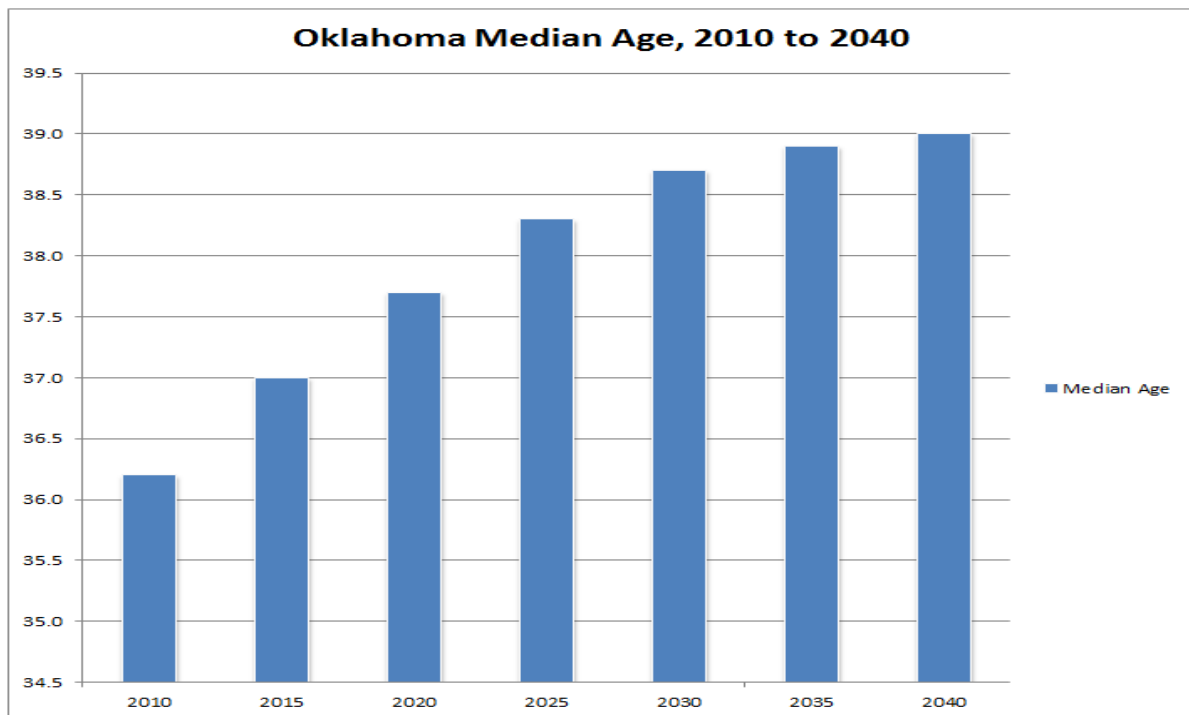
This State Plan Public Hearing announcement was posted on the DHS website for June 2018. Availability of the plan and a request for comments was announced by broad stakeholder email blasts, and notices to other interested parties and the general public.

Public feedback was considered and incorporated into the final Plan.

## APPENDIX F

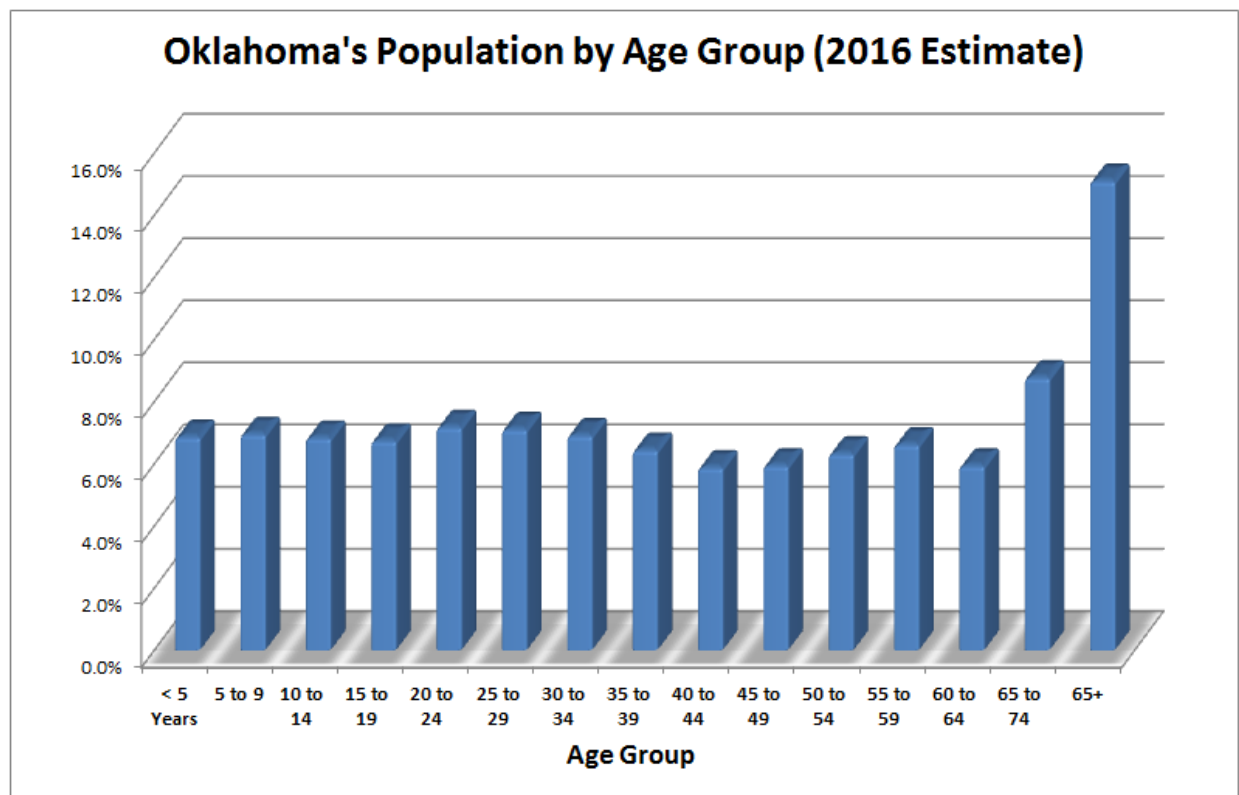
### OKLAHOMA DEMOGRAPHIC DATA

Oklahoma is home to more than 3,930,864 residents with a median age of 36. Of these, approximately 800,000 thousand are adults age 60 and older, and more than 65,885 thousand are aged 85 and older. By 2030, the population of older Oklahomans is projected to increase by 27.6%, which is a growth rate that is two to three times faster than the rate for the general population.



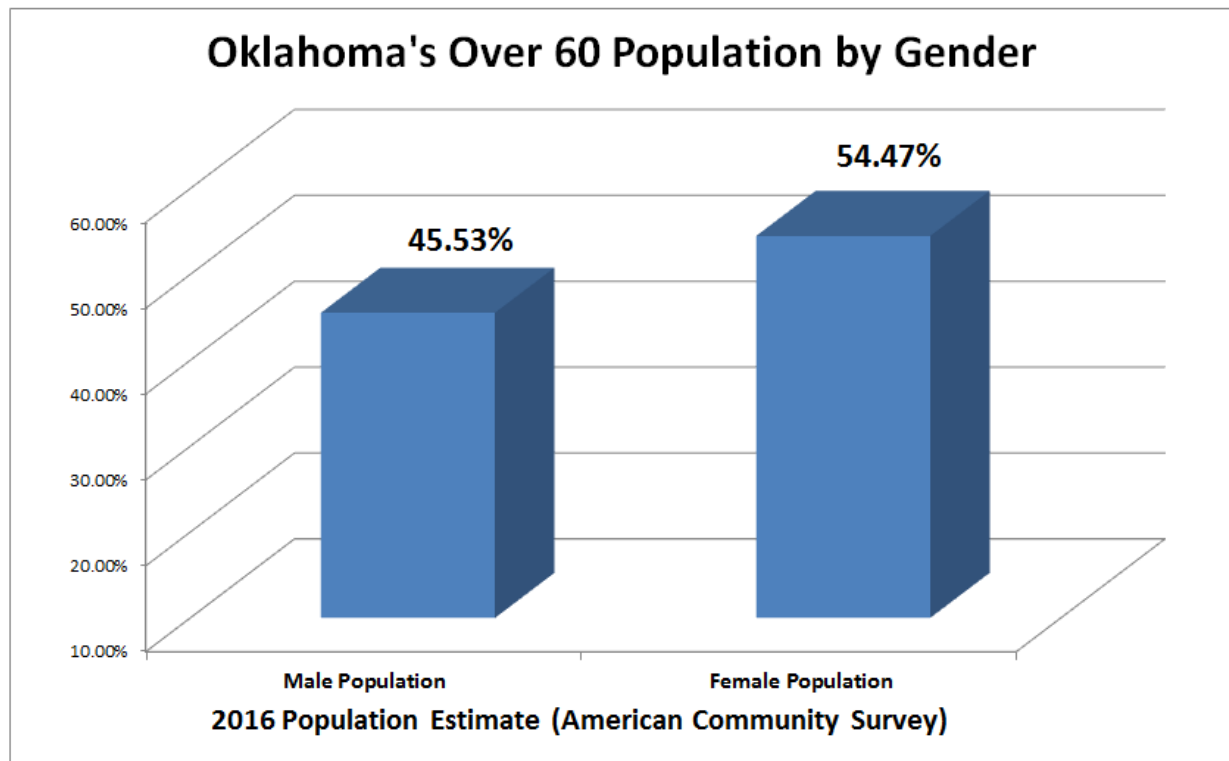
Source: Based on DHS analysis of Population Data from Oklahoma Department of Commerce, "2012 Demographic State of the State Report."

Oklahoma has an increase in the over 65 population and this will put a strain on the Aging Network and the infrastructure needed to meet the needs of older adults, in particular the over-65 age group works, lives and receives services differently from other age groups. Growth in this population will impact a variety of aspect within Oklahoma’s labor, economic development, housing, transportation, and health sectors.



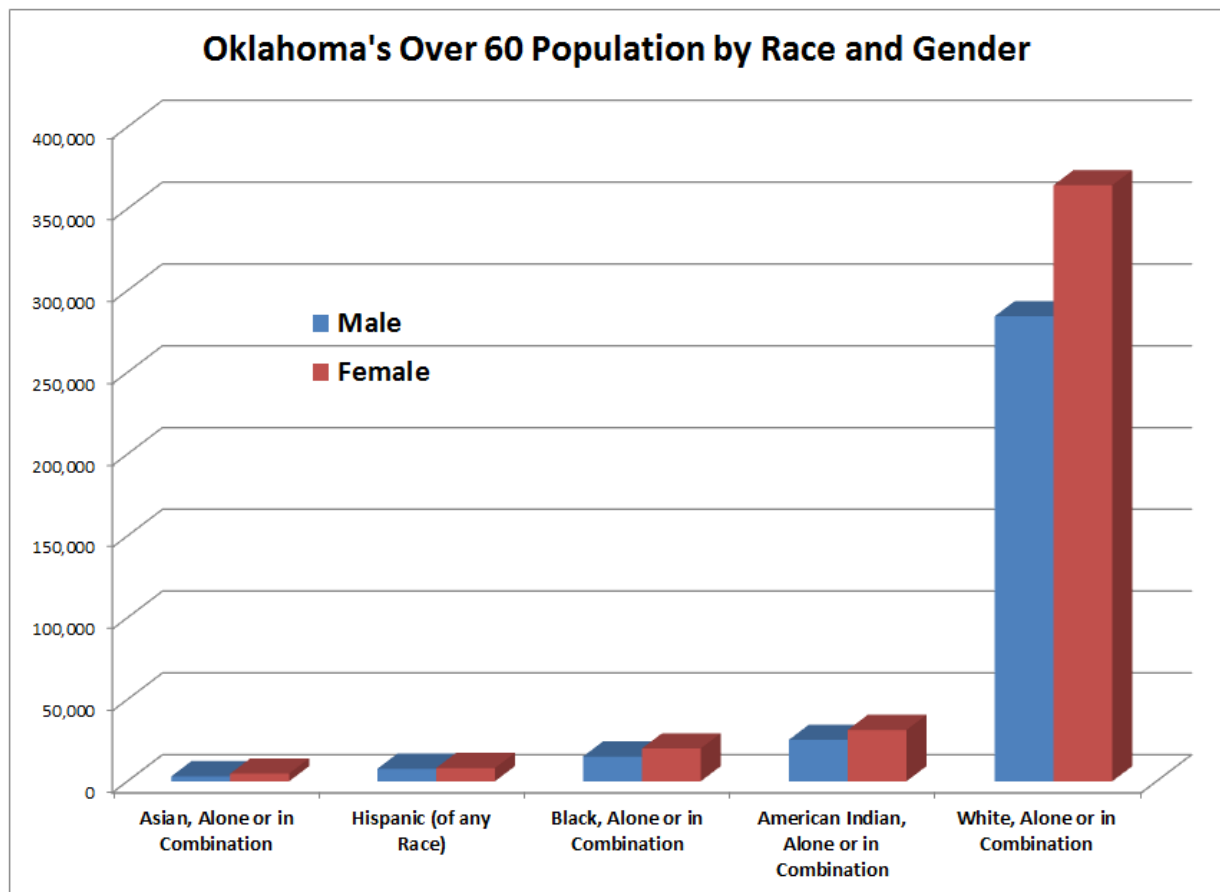
Source: U.S. Census Bureau, “Annual Estimates of the Resident Population for Selected Age Groups by Sex...” for the state of Oklahoma: April 1, 2010 to July 1, 2016.

Oklahoma's over-60 population consists of 54 percent female to 46 percent male essentially the women outnumber men in the older population. This is true as compared to the National average where females are 50.8 percent to 49.2 percent for male. As the population ages, women will make up an increasing percentage of each age cohort and Single female households will continue to be the dominant consumer of services to the older Oklahomans in the coming years.



Source: U.S. Census Bureau, "Table S0102: Population 60 Years and Over in the United States," 2016 Estimates for Oklahoma.

In terms of Oklahoma's minority population, older Oklahomans (Age 60 & over) are less diverse than the general population. Among older Oklahomans (age 60 & over), the largest minority group is American Indian in which Oklahoma is home to 38 federally recognized tribal nations. The second largest minority group is "Black or African American"



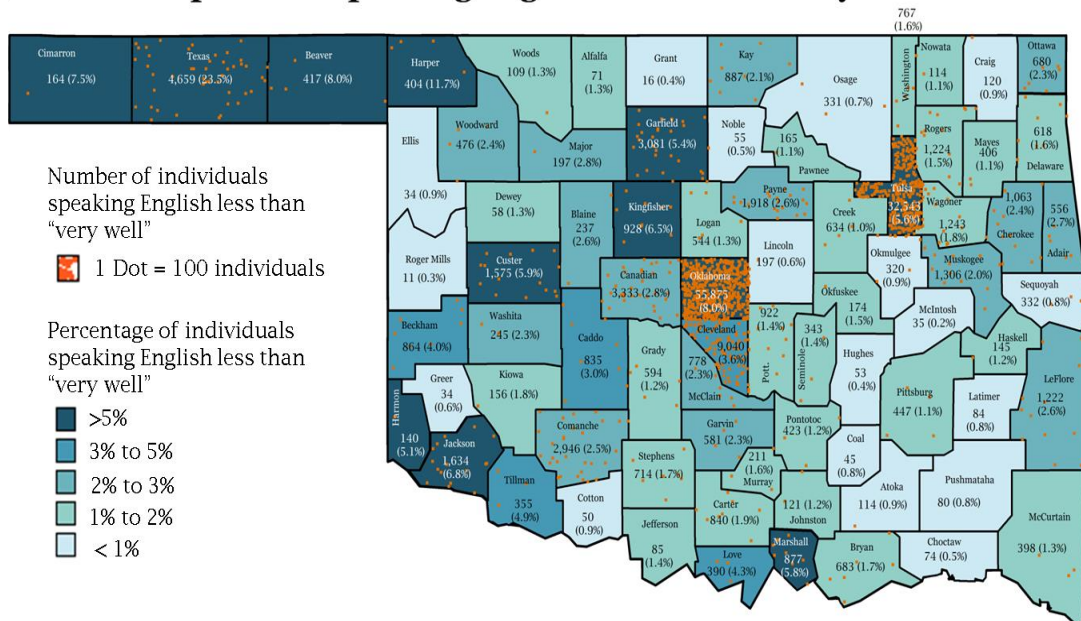
Source: U.S. Census Bureau, "Annual Estimates of the Resident Population by Sex, Age, Race Alone or in Combination, and Hispanic Origin..." for the State of Oklahoma: April 1, 2010 to July 1, 2016.

Oklahoma has a high rate of English language proficiency, especially among our older population.

## Limited English Proficiency in Oklahoma

	<i><u>All Ages (5 &amp; Over)</u></i>	<i><u>Age 60 &amp; Over</u></i>
Language other than English	360,977 (10.0%)	36,784 (4.7%)
Speak English less than "very well"	144,391 (4.0%)	17,218 (2.2%)

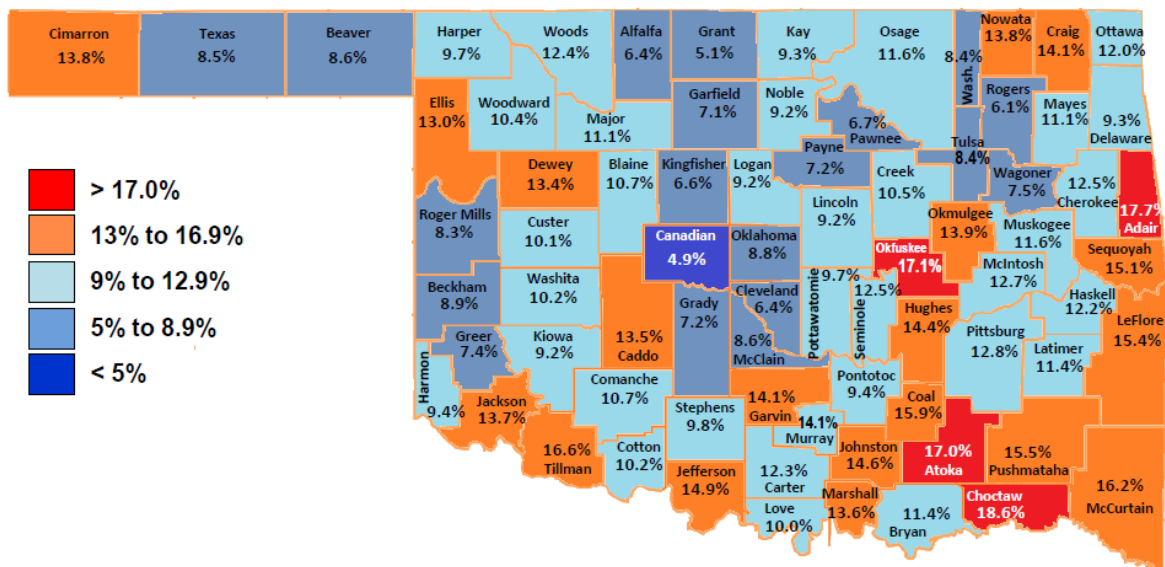
## Population Speaking English Less Than "Very Well"





In Oklahoma, approximately 73,101 older Oklahomans have an annual income that is below the poverty level. In Oklahoma, about 1 in 10 older individuals has an income that is below the poverty level.

## Age 60+ Poverty by County



Compiled by DHS Office of Performance Outcomes and Accountability from U.S. Census Bureau population estimates for July 1, 2016, published in Census Table B17020, "Poverty Status in the Past 12 Months by Age."

## Oklahoma's Old-Age Dependency Ratio

Demographers have developed a concept known as the Old-Age Dependency Ratio. It is a numerical value that is used to describe the relationship between the numbers of people in the working-age population (typically 18 to 64) in comparison to the number of people in the older population (65+). The ratio is sometimes used to ***measure the social and economic pressures*** that are felt by the population of a community, state, or nation.

The U.S. Census Bureau<sup>14</sup> definition of Old-Age Dependency Ratio is derived by dividing the population 65 years and over by the 18-to-64 population and multiplying by 100.” Ratio values commonly range between 5.0 and 45.0. In the United States, for example, the Old-Age Dependency Ratio is 23.2.<sup>15</sup> The state with the lowest ratio is Alaska (14.4). The state with the highest ratio is Florida (31.5).

A low Old-Age Dependency Ratio indicates that there are plenty of people in the working age population who can support the needs of the retirement age population. Conversely, a high number could indicate that the societal resources of a community are being pressed by the needs of the older population.

In Oklahoma, the Old-Age Dependency Ratio is 23.8, which is about the same as the average value for the United States. Within Oklahoma's counties, as measured by Median Age, the “youngest” counties in Oklahoma are: Payne (27.1), Custer (30.5), Comanche (32.0), and Texas (32.0). Each of these counties is counted as an Urban County. The “oldest” counties in Oklahoma are McIntosh (44.9), Cimarron (43.0), Delaware (40.6), and Pushmataha (39.0). Each of these counties is a Rural County.

The U.S. Census Bureau estimates that McIntosh, Cimarron, and Pushmataha counties have lost population since 2010. See a complete list of Oklahoma counties with their ratios on the next page.

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<sup>14</sup> Source: “American Community Survey and Puerto Rico Community Survey 2016 Subject Definitions,” Page 50, [https://www2.census.gov/programs-surveys/acs/tech\\_docs/subject\\_definitions/2016\\_ACSSubjectDefinitions.pdf](https://www2.census.gov/programs-surveys/acs/tech_docs/subject_definitions/2016_ACSSubjectDefinitions.pdf) - downloaded May 8, 2018.

<sup>15</sup> U.S. Census Bureau. “Table GCT0107: OLD-AGE DEPENDENCY RATIO OF THE TOTAL POPULATION - United States -- States; and Puerto Rico (2012-2016 American Community Survey 5-Year Estimates).” Accessed 05/9/2018. <http://factfinder.census.gov>.

## Oklahoma Counties Ranked by Old-Age Dependency Ratio

Lowest to Highest

<u>County</u>	<u>Ratio</u>	<u>County</u>	<u>Ratio</u>	<u>County</u>	<u>Ratio</u>
Payne	16.1	Bryan	28.3	Osage	31.4
Comanche	17.1	Creek	28.4	Washington	31.6
Texas	17.4	Le Flore	28.4	Kay	31.8
Cleveland	18.1	Okfuskee	28.6	Nowata	31.9
Canadian	19.6	Sequoyah	28.6	Tillman	31.9
Oklahoma	20.2	Washita	28.7	Hughes	32.1
Beckham	20.9	Atoka	29	Murray	32.4
Custer	21.1	Mayes	29	Craig	32.6
Tulsa	21.1	Okmulgee	29	Roger Mills	33
Jackson	22.8	McCurtain	29.2	Latimer	33.3
Woodward	22.8	Lincoln	29.3	Kiowa	33.7
Adair	24.4	Garvin	29.7	Harmon	33.9
Logan	24.4	Alfalfa	29.8	Jefferson	34.1
Cherokee	24.5	Greer	30	Major	34.4
Grady	24.5	Seminole	30	Choctaw	34.7
McClain	24.5	Noble	30.1	Dewey	34.7
Wagoner	24.7	Beaver	30.2	Haskell	35.2
Rogers	25.6	Blaine	30.4	Ellis	36.5
Pontotoc	25.9	Pittsburg	30.6	Coal	36.8
Pottawatomie	25.9	Stephens	30.7	Marshall	37.9
Woods	25.9	Johnston	30.8	Grant	38.4
Caddo	26.1	Cotton	30.9	Pushmataha	39
Garfield	26.1	Harper	31.1	Delaware	40.6
Kingfisher	26.3	Ottawa	31.1	Cimarron	43
Muskogee	26.6	Pawnee	31.1	McIntosh	44
Carter	26.7	Love	31.2		

## **APPENDIX G**

### **AREA AGENCY ON AGING AREA PLAN PRIORITY OF NEEDS**

As Aging Services was working on its State Plan, the Area Agencies on Aging were writing their four year area plans. These plans serve much of the same function as this state plan; to describe what services and needs exist for Oklahoma seniors in their PSAs. As part of their area plans, Area Agencies on Aging surveyed older Oklahomans regarding service needs. Many of the plans included a detailed listing of needs that were identified by community partners, stakeholders, and any other interested parties in the community. Each Area plan identified the Priority Needs for their planning service area. The top service needs for Oklahoma are identified below:

1. Home Delivered Meals
2. Congregate Meals
3. Cost of: Medicine, Dental Care, Prescription Drugs, Eyeglasses, Hearing Aids, Health Care
4. Transportation
5. Housekeeping / Lawn Care / Home Repair / Property Maintenance
6. Access to Healthcare /Availability of Hospital Care / Medical Transportation
7. Maintaining Personal Independence / Personal Care
8. Information on Available Services /Awareness of Services

**APPENDIX H**  
**OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN**  
**REPORT**

**Published and available to download at:**

**APPENDIX I**  
**2018-2022 OKLAHOMA STATE PLAN TO ADDRESS DISEASE**  
**(ALZHEIMER'S PLAN)**

Published and available to download at:

<https://drive.google.com/file/d/1iwRqOjLSX2nvo0-5j5rFIFk7-1BOqOcb/view>